



SANDWICH POLICE DEPARTMENT

117 Route 6A, Sandwich, MA 02563

Peter N. Wack, *Chief of Police*

REQUEST FOR POLICE REPORT

Date of Request _____

Name: _____ Telephone #: _____

Mailing Address: _____

Date of Incident: _____ Type of Incident: _____

Additional information which may help locate the report: _____

Reason for Request: _____

- Please Mail Report to above address
 I will pick up Report

Please complete the above information and mail this form to the Sandwich Police Department at the above address, attention "Records".

Your request must also include a self-addressed, stamped, envelope, and a check/money order made out to the Town of Sandwich in the amount of **\$5.00**.

We do not fax reports. The policy of the Sandwich Police Department is to only mail reports to the person making the request, subject to eligibility.

\$5.00 Report Processing Fee (CASH NOT ACCEPTED)

Signature of person requesting report

ALLOW UP TO 10 DAYS FOR REPORT