



SANDWICH POLICE DEPARTMENT

255 Cotuit Road, Sandwich MA 02563

Peter N. Wack, *Chief of Police*

REQUEST FOR POLICE REPORT

Date of Request: _____

Name: _____ Telephone #: _____

Mailing Address: _____

Date of Incident: _____ Case #: _____

Type of Incident: _____

Additional information that may help locate the report:

Reason for Request: _____

Please mail report to the above address ***must include a self-addressed, stamped envelope.***

I will pick up the report

E-mail to _____

Please complete the above information and email this form to sandwichpd@sandwichmass.org or you may drop the form at the dispatch window at the above address.

Signature of person requesting report

ALLOW UP TO 10 DAYS FOR REPORT