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