



# 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 which may help locate the report:

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Reason for Request: \_\_\_\_\_

- Please mail report to above address with the enclosed stamped envelope  
 I will pick up report  
 E-Mail to: \_\_\_\_\_

Please complete the above information and **email** this form to the Sandwich Police Department at [SandwichPD@sandwichmass.org](mailto:SandwichPD@sandwichmass.org), attention "Records". If you would like your request mailed, you must also include a self-addressed **stamped** envelope. There is no longer a fee for regular report requests.

**We do not fax reports.**

\_\_\_\_\_  
*Signature of person requesting report*

## ALLOW UP TO 10 BUSINESS DAYS FOR REPORT