



SANDWICH POLICE DEPARTMENT

255 Cotuit Road, Sandwich, MA 02563

Jason M. Keene, *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:

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, 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