

DATE SUBMITTED:

WALPOLE POLICE DEPARTMENT

POLICE REPORT REQUEST FORM [M.G.L. CH.66, §.10]



Massachusetts General Law allows the Walpole Police Department ten (10) days to answer this request. The Records Section will mail the requested report(s) as soon as possible. Any questions please call the Records Section at (508) 668-1095.

FEES: Motor Vehicle Accident Reports: \$5 each

Incident Reports: \$3 each

All other documents: \$1 per page Photos: \$20 for each CD-ROM

<u>Only personal checks, money orders or bank checks will be accepted</u>. Please make all checks or money orders payable to the Town of Walpole. No cash will be accepted.

REQUESTER'S INFORMATION	
Name:	
Address: _	
Phone #: _	
Relation: _	
	(If you are NOT the person involved, what is your relation, example: parent, attorney)
INCIDENT INFORMATION	
Date of Incident:	
Incident # (if known):	
Name of Person Involved:	
Location of Incident:	
Туре	of Incident:
	(Examples: accident Jarceny assault citation etc.)

- Requests cannot be processed unless **ALL** information is provided.
- Requests can be mailed (Attn: Report Request) or dropped off at the address above.
- Requests cannot be faxed.