



WALPOLE POLICE DEPARTMENT



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

Massachusetts General Law allows the Walpole Police Department ten (10) business days to answer your request following the receipt. ***Please note:*** you will be advised within ten (10) business days if your request requires additional time and/or a fee to complete.

DATE SUBMITTED:	
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REQUESTER'S INFORMATION

Name:	_____
Address:	_____
Phone #:	_____
Email:	_____
Relation:	_____
<i>(If you are NOT the person involved, what is your relation, example: parent, attorney)</i>	
*I would like information sent to me via:	<input type="checkbox"/> Email <input type="checkbox"/> Pickup @ Station

INCIDENT INFORMATION

Date of Incident:	_____
Incident # (if known):	_____
Name of Person Involved:	_____
Location of Incident:	_____
Type of Incident:	_____
<i>(Examples: accident, larceny, assault, citation etc.)</i>	

- Requests cannot be processed unless **ALL** information is provided. Questions – call Records @ **508-660-3647**

MAIL OR DROP OFF YOUR COMPLETED REQUEST TO:

Walpole Police Department 50 South Street Walpole, MA 02081
