

# SHERBORN POLICE DEPARTMENT

17 Washington Street, Sherborn MA 01770-1026  
Tel. 508-653-2424 Fax. 508-651-7865

## REQUEST FOR POLICE REPORT(S)

DATE: \_\_\_\_\_

I, \_\_\_\_\_  
(Print or type name)

of address: \_\_\_\_\_

Town/City \_\_\_\_\_

Telephone number(s): (H) \_\_\_\_\_ (Other) \_\_\_\_\_

request a copy of a police report for an incident that occurred on:

\_\_\_\_\_ (incident type) \_\_\_\_\_ (time) \_\_\_\_\_ (date) \_\_\_\_\_ (location of incident)

Log No. (if applicable) \_\_\_\_\_ Case No. (if applicable) \_\_\_\_\_

### CHECK ONE BOX:

- A. I WILL PICK UP REPORT.**      **B. I REQUEST REPORT BE MAILED TO ME.**  
(See fee schedule below)

The report should be ready for pick-up within three working days; with Saturdays, Sundays and holidays excluded.

Example: If a request is made at 1:00 P.M. on Thursday, the report will be available for pick-up aft 1:00 P.M. the following Tuesday.

- A.** A copying fee of \$.50 per page will be payable at the time the report is picked up.  
**B.** If this report is to be mailed, a fee of \$5.00, payable to the "Town of Sherborn", along with the mailing address is required at the time this request is submitted.

\_\_\_\_\_  
(signature of requesting party)

### (FOR DEPARTMENT USE ONLY)

Officer receiving \_\_\_\_\_ Date Recieved \_\_\_\_\_