

# MIDDLEBOROUGH POLICE DEPARTMENT

350 WOOD STREET  
MIDDLEBOROUGH, MA 02346  
Tele (508) 947-1212  
Clerks Fax (508) 947-3837  
Dispatch Fax (508) 947-1009



Joseph M. Perkins  
Chief of Police

## PUBLIC RECORDS REQUEST FORM

DATE OF REQUEST \_\_\_\_\_

NAME OF PERSON REQUESTING REPORT \_\_\_\_\_

ADDRESS OF PERSON REQUESTING REPORT \_\_\_\_\_

PHONE # OF PERSON REQUESTING REPORT \_\_\_\_\_

EMAIL OF PERSON REQUESTING REPORT \_\_\_\_\_

PREFERRED DELIVERY METHOD  PICK UP AT STATION  EMAIL  US MAIL  FAX(include number)

TYPE OF REPORT \_\_\_\_\_ MOTOR VEHICLE ACCIDENT REPORT  
\_\_\_\_\_ INCIDENT REPORT  
\_\_\_\_\_ DOMESTIC ABUSE REPORT  
\_\_\_\_\_ OTHER (explain)

NAME OF PERSON(S) INVOLVED \_\_\_\_\_

DATE OF ACCIDENT OR INCIDENT \_\_\_\_\_ TIME \_\_\_\_\_

LOCATION \_\_\_\_\_

PLEASE SIGN FORM X \_\_\_\_\_

\*\*\*\*\*OFFICIAL DEPARTMENT USE ONLY - PLEASE DO NOT WRITE BELOW THIS LINE\*\*\*\*\*

Dissemination:  Pick up  Email  Phone Call  Fax  Other: \_\_\_\_\_

Date & Time Disseminated: \_\_\_\_\_ Fee: \_\_\_\_\_

Record Denied & Exemption: \_\_\_\_\_