



JAMES P. SARTELL
CHIEF OF POLICE

TOWNSEND POLICE DEPARTMENT
70 BROOKLINE STREET
TOWNSEND, MASSACHUSETTS 01469
PHONE (978) 597-6214
FAX (978) 597-2176



Public Record Request Form

I, _____, would like to request a copy of a police report
that occurred on _____.

Print Name

Date

Please fill out the following information to the best of your ability. It is possible that you may not have all of the information requested.

Nature of Incident: _____

Location of Incident: _____

Time of Incident: _____

Investigating Officer (if known): _____

I understand that the release of police information is confidential and I will not discuss any of the information contained in this report with any other individual or source that is not privileged to receive this information.

Signature: _____ Date: _____

Your Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Please circle preferred method of return: I will pick-up the report. Please email report.

Fee: There are no fees for public record requests, unless notified, due to the volume of requested information.

*Note: Release of any record is subject to the provisions of the Massachusetts Public Records Law. Please be advised that we have **10 business days** to release the requested report.*

****FOR DEPARTMENT USE ONLY****

Date Received: _____ Report Number: _____ Date Report Provided: _____