

Request Date: _____

Middleton Police Department
65 North Main Street
Middleton, MA 01949
(978) 774-4424 or Fax (978) 774-4466

Incident # _____

REQUEST FOR COPIES OF POLICE REPORTS

This form must be completed for all requests of copies of police reports from the Middleton Police Department.

Please submit request in person at the Police Station or Email request to records@middletonma.gov

Requester's Information:

(Daytime Contact Number)

(Email Address)

(Print Name)

(Date of Birth)

(Street)

(City)

(State)

(Zip)

Subject Involved in Incident:

(Print Name)

(Date of Birth)

(Street)

(City)

(State)

(Zip)

What type of report are you requesting? _____

(Accident or Incident)

Date incident occurred: _____

Location: _____

IF YOU PICK THE REPORT UP AT THE STATION: Submit the completed form to the department. You will be notified when a copy of the requested report will be available to pick up within **ten (10) business days** following receipt of the request.

IF THE REPORT IS TO BE MAILED TO YOU: Submit the completed form to the department. A copy of the requested report will be mailed to you within **ten (10) business days** following receipt of the request. **Postage charges may apply.**

Postage Fee \$ _____ Date: _____ Received by: _____

Records Personnel Use Only

Processed: _____
(Date)

Processed by: _____
(Name)