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CHIEF

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RECORDS REQUEST FORM

I _____ would like to request a copy of a police report.
(Please print name)

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

Nature of the incident _____

Date/Time the incident occurred _____

Name of individual on the report _____

Police officer involved _____

Positive ID will be required when you pick up the requested copy of the police report.

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 or Cell phone _____

Fee of five cents (.05) per page collected _____

Please circle one: I will pick up report or Please email the report to me at:

_____ @ _____