



POLICE REPORT REQUEST FORM

Date of Request _____/_____/_____
Report Number _____/_____/_____
Date of Incident _____/_____/_____

Location of Incident _____

Nature of Incident _____

Name of Involved Parties _____

EMAIL ADDRESS _____

Name, Address and Phone Number of _____
Person Making Request (Please Print)

In signing this form and receiving a police report, I acknowledge that it is a felony to cause or attempt physical, emotional or economic injury or property damage, or threaten, intimidate, mislead or harass a witness in a criminal prosecution or criminal investigation, or any person who is a witness or potential witness in any stage of a criminal investigation, or any person who is aware of information that relates to the violation of a criminal statute.

(Signature)

REPORTS CANNOT BE FAXED
ACCIDENT REPORTS- \$5.00 for first 6 pages \$0.50 each additional page.
INCIDENT REPORTS- \$1.00 for each page
PHOTOS: \$20.00 for CD Rom or \$2.00 each
BY MAIL- Payment and a self addressed stamped envelope MUST accompany ALL mail requests. Please make check payable to "The Town of Uxbridge", 275 Douglas Street Uxbridge, MA 01569 ATTN: Records