



Marc L. Montminy
Chief of Police

UXBRIDGE POLICE DEPARTMENT

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Records Request

Date of Request: _____

Report Number: _____

Date of Incident: _____

Location of Incident: _____

Nature of Incident: _____

Name of Involved Parties: _____

Email Address: _____

Phone Number: _____

Agency Use Only:

Date Received: _____

Date Completed: _____

Name, Address of Person Making Request _____
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)