

WINCHENDON POLICE DEPARTMENT

REPORT REQUEST FORM

Requesters Name : \_\_\_\_\_  
First Last

Will Pickup Report

Address to mail report: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of report requested:

Accident  Incident  Restraining order  
**No fee for plaintiff**

Accident or Incident Restraining Order report number : \_\_\_\_\_  
(If known)

Date incident or accident occurred: \_\_\_\_\_

Location where it occurred: \_\_\_\_\_

People involved if not person requesting the report: \_\_\_\_\_  
\_\_\_\_\_

\*Fee for accident and incident reports is \$5.00 , **NO CASH** will be accepted.

\*No request for a report will be processed until check or money order has been received.

\*The Defendants can obtain arrest reports through the Winchendon District Court.

Signature of requester: \_\_\_\_\_

Date.- \_\_\_\_\_ Check # \_\_\_\_\_ Rec. by: \_\_\_\_\_ Rec. by: \_\_\_\_\_

WINCHENDON POLICE DEPARTMENT  
REPORT REQUEST

Date: \_\_\_\_\_

Received from: \_\_\_\_\_

Amount of: Five and 00/100 \_\_\_\_\_ Dollars

Police Report Request \_\_\_\_\_

**Any report not picked up within 30 days from above date, will be destroyed and no fee refunded.**