



Daniel C. Wolski
Chief of Police

Winchendon Police Department
80 Central Street
Winchendon, MA 01475



Department: 978-297-1212
Fax: 978-297-4945

REPORT REQUEST FORM

REQUESTORS NAME: _____ DATE: _____

PHONE: _____

ADDRESS: _____

PLEASE CHECK ONE OF THE FOLLOWING OPTIONS:

☐

PICK UP REPORT

☐

E-MAIL

E-MAIL ADDRESS: _____

☐

FAX

FAX NUMBER: _____

PUBLIC RECORD REQUESTED:

REPORT NUMBER: _____

Date the accident of incident occurred: _____

Location where it occurred: _____

People involved if not the person requesting report: _____

Employee receiving report request: _____

**Any report not picked up within 30 days from above date will be destroyed.