



# TOWN OF WILMINGTON

MASSACHUSETTS

## POLICE DEPARTMENT

One Adelaide Street  
Wilmington, MA 01887



PHONE 978-658-5071  
FAX 978-658-0035

Chief Michael R Begonis

### **WILMINGTON POLICE DEPARTMENT** **REPORT REQUEST FORM**

*Please complete the following to assist our Records Department process your request.  
You can email this request to [PublicRecords@wpd.org](mailto:PublicRecords@wpd.org)*

I \_\_\_\_\_ hereby request a copy of an incident report or log entry regarding  
(Person Making Request - **Please Print**)

Case/Call Number: \_\_\_\_\_ - \_\_\_\_\_. This incident occurred on or about \_\_\_\_\_  
(If Known) (Month) (Day) (Year)

#### **Report Type (Check One):**

Incident Report: \_\_\_\_ Arrest Report: \_\_\_\_ Crash Report: \_\_\_\_ Log Entry: \_\_\_\_ Other: \_\_\_\_\_  
(Please Specify)

#### **Involved Party or Parties:**

\_\_\_\_\_ And \_\_\_\_\_  
(Party #1) (Party #2)

#### **Incident Location:**

\_\_\_\_\_  
(Street Address)

Date Requested: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Signature of Person Making Request)

Requester's Email \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

#### **-To be filled out by Police Department Staff:**

1) The report was provided to the requester on \_\_\_\_\_ by \_\_\_\_\_  
(Date) (Provider's Name - **Please Print**)

2) The requester will return on \_\_\_\_\_ to pick up the report to be provided by the Records Department.  
(Date)

3) The report needs to be mailed by the Records Department to: \_\_\_\_\_  
(Mailing Address)

4) The requester wants to be called: \_\_\_\_\_ on \_\_\_\_\_  
(Telephone Number) (Date)

#### **Notes:**