



Chief Michael R Begonis

TOWN OF WILMINGTON

MASSACHUSETTS

POLICE DEPARTMENT

One Adelaide Street
Wilmington, MA 01887



978-658-5071
FAX 978-658-0035

WILMINGTON POLICE DEPARTMENT REPORT REQUEST FORM

Please complete the following to assist our Records Department process your request.

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 _____
(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)

Phone Number: __ () _____

To be filled out by the Police Department staff:

The requestor's identification has been checked **AND**

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

2) The requestor 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 requestor wants to be called: _____ on _____
(Telephone Number) (Date)

Notes: