



# Norfolk Police Department

Charles H. Stone Jr.  
Chief of Police

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## REQUEST FOR: COPY OF POLICE REPORT (S)

Date of Request: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

TYPE (circle one):

Motor Vehicle Accident

Auto Theft

Vandalism

B & E

Other (Describe "Other" in remarks section below)

Name/address of person(s) involved:

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town/State/Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town/State/Zip: \_\_\_\_\_

REMARKS: \_\_\_\_\_  
\_\_\_\_\_

You will be contacted when the report(s) is/are ready for pickup, and advised at that time the cost of the report(s) if any should apply.

***PLEASE ALLOW 7-10 BUSINESS DAYS FOR PROCESSING***

Person requesting report(s):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_