



Chief Joseph A Desmond

TOWN OF WILMINGTON

MASSACHUSETTS

POLICE DEPARTMENT

One Adelaide Street
Wilmington, MA 01887



PHONE 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.
You can email this request to 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: