TOWN OF WESTPORT
DEPARTMENT OF POLICE

818 Main Road •Westport, MA 02790-4311
Tel. 508-636-1122 • Fax 508-636-4108 • CJIS:WST • NCIC:MA0032000

KEITH A. PELLETIER - *Chief of Police*

REPORT REQUEST

Today's Date: _____

Person/Company/ Agent Making Request: _____

Address: _____

Email: _____

Phone Number: _____

Relationship To Person Involved: _____

TYPE OF REPORT: (CIRCLE ONE) MOTOR VEHICLE ACCIDENT/ OFFENSE/ ARREST

Report Number ____ - _____ - _____

Person(s) Involved: _____

Date and Time of Occurrence: _____

Location of Occurrence: _____

All Reports are $1.00 for first page and $.50 for each additional page

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Massachusetts General Law C.66-S.10 allows **10 days** to respond to report requests. All reports shall be processed as soon as possible. Any problems will be communicated to you by email/telephone immediately.

DEPARTMENT USE ONLY:

Report Number ____ - _____ - _____ Officer: _____

Fee $: _____ Release Date: _____ Released by: _____