



CITY OF MELROSE

POLICE DEPARTMENT

Chief L. Michael Lyle

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REPORT REQUEST
PLEASE PRINT LEGIBLY

DATE: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP _____

PHONE: _____

I REQUEST A COPY OF THE FOLLOWING REPORT (circle one):

POLICE REPORT

ACCIDENT REPORT

NAME(S) OF INVOLVED OR OPERATOR:

DATE OF INCIDENT/ ACCIDENT: _____

LOCATION OF INCIDENT/ ACCIDENT: _____

**ALL REPORTS WILL BE AVAILABLE WITHIN 10 BUSINESS DAYS OF THE
REQUEST AND MAY BE OBTAINED THROUGH OUR WEBSITE AT:**

melrosepolice.net