



CITY OF MELROSE

POLICE DEPARTMENT

MICHAEL L. LYLE
Chief

Office of the Chief
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Melrose, Massachusetts 02176
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REPORT REQUEST
PLEASE PRINT CLEARLY

DATE: _____

NAME LAST _____ **FIRST** _____

ADDRESS: _____

CITY, STATE, ZIP _____

PHONE: _____

I REQUEST A COPY OF THE FOLLOWING REPORT (CIRCLE REQUEST):

ARREST REPORT **CRASH REPORT** **INCIDENT REPORT**

NAMES OF INVOLVED OR OPERATOR:

DATE OF INCIDENT/CRASH: _____

LOCATION OF INCIDENT/CRASH: _____

**ALL REPOSSES WILL BE PROVIDED WITHIN 10 BUSINESS
DAYS OF THE REQUESTED DATE RECEIVED BY THE MELROSE
POLICE DEPARTMENT. (MGL CHAPTER 121 ACTS OF 2016
PUBLIC RECORDS)**