

# Town of Lunenburg, Massachusetts

## POLICE DEPARTMENT

**CHIEF**  
James P. Marino  
TEL: (978) 582-4151  
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655 Massachusetts Avenue  
Lunenburg, MA 01462

I \_\_\_\_\_ would like to request a copy of a police report.

*Please print*

on \_\_\_\_\_

*Date*

Nature of Incident \_\_\_\_\_

Location of Incident \_\_\_\_\_

Time of Incident \_\_\_\_\_

Investigating Officer \_\_\_\_\_

Positive ID will be required when you pick up the requested copy of the police report.

I understand that the release of police information is confidential and I will not discuss any of the information contained in this report with any other individual or source that is not privileged to receive this information.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*Home Phone #*

\_\_\_\_\_  
*Town/City*