



MASSASOIT POLICE DEPARTMENT

BROCKTON, MA 02302
508.588.9100 EXT 1041 FAX 508.427.1266
<http://www.massasoit.mass.edu>



REQUEST FOR REPORT AND RECORDINGS

<u>Incident/Case/CAD #:</u> <input type="text" value=" "/> - <input type="text" value=" "/> <input type="text" value=" "/> <input type="text" value=" "/>	<u>Date Requested:</u> _____		
<u>Requestor's Name</u>	<u>Phone Number</u>	<u>E-mail Address</u>	
<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
<u>Association:</u>	<input type="checkbox"/> Victim	<input type="checkbox"/> Offender	<input type="checkbox"/> Other: _____
Notice: The Massasoit Community College Police Department (MCCPD) releases records pursuant to Chapter 4, Section 7(26) of the Massachusetts General Laws. At the sole discretion of MPD, anyone petitioning for the release of a record may be charged for costs incurred by compliance with the said petition G. L. c. 66, § 10(a) (copies of police records) and G. L. c. 262, § 38			
I declare, by my signature, that I am the petitioning party listed Above, and that, to the best of my knowledge, the above information is true and accurate; furthermore, I agree to pay any cost incurred in complying with this petition, as described in the above notice. _____ <u>Signature</u> _____ <u>Date</u>			

<input type="checkbox"/> Reports:	<input type="checkbox"/> Accident	<input type="checkbox"/> Incident	<input type="checkbox"/> Dispatcher/CAD
<u>Incident: Location</u>	<u>Date</u>	<u>Assigned Officer</u>	
<u>Person(s) Name in Report:</u> _____			
<u>Mail Response to:</u>	<input type="checkbox"/> Requestor's Address	<input type="checkbox"/> Attn: _____	
<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>

<input type="checkbox"/> Recordings:	<input type="checkbox"/> 911 Call	<input type="checkbox"/> Radio Traffic	<input type="checkbox"/> Phone Call	<input type="checkbox"/> Video
	<input type="checkbox"/> Transcription	<input type="checkbox"/> Other: _____		
<u>Officer ID #</u>	<u>Court Date</u>	<u>Date Needed</u>	<u># of Copies</u>	
<u>Description of Recording</u> _____ _____				

TO BE COMPLETED BY MCCPD PERSONNEL					
<u>Date Received</u>	<u>Recipient Initials</u>	<u>Date Completed</u>	<u>Name</u>	<u>Date of Discs Copied</u>	<u># of Discs</u>