



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

Incident/Case/CAD #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Date Requested: _____	
Requestor's Name _____		Phone Number _____	
Address _____		E-mail Address _____	
City _____		State _____ Zip _____	
Association: <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.			
Signature _____		Date _____	

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

<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: _____		
Officer ID # _____	Court Date _____	Date Needed _____	# of Copies _____	
Description of Recording _____				

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