

**OXFORD POLICE DEPARTMENT
503 MAIN STREET
OXFORD, MA 01540-1262
(508) 987-0156**

REQUEST FOR COPY OF POLICE REPORT

A **deposit** in the amount of five dollars (**\$5.00**) must **accompany this request**. Should the cost for your request be less than \$5.00, the difference will accompany your report(s) along with a receipt. In the event that the cost is more than \$5.00 you will be notified of the amount due when picking up your report(s).

Please understand that a five dollar (**\$5.00**) fee will be charged for a copy of **a motor vehicle accident report**. **Personal copy of accident reports must be turned in prior to police reports being released.**

All other reports will be charged \$1.00 per page.

Please complete the following:

Incident Date(s): _____ at Approximately: _____ am/pm

Type of incident (ex. Accident, burglary, etc.) _____

Location incident took place: _____

Person(s) involved: _____

Name of Person requesting report (please print)

Telephone Number

Street Address

City/Town

State/Zip

Signature

Date

****Please Note: You will be called when request is ready for pick-up or if further information is needed to fill your request.**