



POLICE REPORT REQUEST FORM

University of Massachusetts Lowell
Police Department
220 Pawtucket Street
Lowell, MA 01854

tel: 978.934.2384
fax: 978.934.3024

Date: _____

Requestor's Name: _____

Name of person on report: _____

E-mail address: _____

Phone #: _____

Is the record being used for commercial purpose? _____ Yes _____ No

Is this a media inquiry? _____ Yes _____ No

Date & description of the incident (report # if available): _____

**REPORT REQUESTS ARE TO BE SUBMITTED VIA EMAIL TO: shelly_thrasher@uml.edu OR
MAY BE TURNED INTO DISPATCH FOR FOWARDING TO THE CHIEF'S OFFICE.**

Requests for public records will be processed within 10 business days of receipt of the request.

OFFICE USE ONLY

Date request was received: _____ Date report(s) were provided to requestor: _____

Provided by: _____

If report was not released, list reason for withholding report: _____

Fees charged for report (if any): _____ Time spent on request: _____