



Town of Marion
Police Department

Richard B. Nighelli
Chief of Police

REPORT REQUEST FORM

Date of request: _____

Name of person making the request: _____

Date of Birth: _____

Street: _____ City/Town: _____

State: _____ Zip: _____ Phone #: _____

- Type of report requested
- MV ACCIDENT
 - INCIDENT
 - DOMESTIC ABUSE
 - ARREST
 - OTHER (please explain in the next line)

Name of person involved: _____

Date of the incident: _____ Incident time: _____

Location of incident: _____

You may email this request to lroberts@marionma.gov or bring it into Marion Police headquarters or mail it to

Marion Police records @ 550 Mill St. PO Box 636 Marion, MA 02738.

Please indicate how you would like to receive this report.

- Email _____
- Fax _____
- Mail _____