

Town of Lunenburg, Massachusetts

POLICE DEPARTMENT

INTERIM CHIEF

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655 Massachusetts Avenue
Lunenburg, MA 01462

I _____ would like to request a copy of a police report.
Please print

on _____
Date

Nature of Incident _____

Location of Incident _____

Time of Incident _____

Investigating Officer _____

Positive ID will be required when you pick up the requested copy of the police report.

I understand that the release of police information is confidential and I will not discuss any of the information contained in this report with any other individual or source that is not privileged to receive this information.

Signature

Date

Street

Home Phone #

Town/City