



John C. Fisher
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Leo T. Crowe
Lieutenant

REQUEST FOR REPORT

DATE OF REQUEST: _____

REPORT TYPE: ACCIDENT _____ INCIDENT _____ CASE # _____

DATE OF INCIDENT: _____ TIME: _____ LOCATION: _____

PERSON(S) INVOLVED: _____

HOW WOULD YOU LIKE TO RECEIVE THIS REPORT?

PICK UP: _____ FAX: _____ MAIL: _____ EMAIL: _____

REQUESTORS NAME: _____ PHONE: _____

ADDRESS: _____

FAX: _____ EMAIL: _____
(IF REQUESTING EMAIL, PLEASE PRINT CLEARLY)

MAILING ADDRESS (IF DIFFERENT): _____

SIGNATURE: _____

FOR DEPARTMENT USE			
REQUEST COMPLETED:	_____	BY:	_____
MAILED:	_____	FAXED:	_____
EMAILED:	_____	LEFT FOR PICKUP IN DISPATCH:	_____