

**TOWN OF TEMPLETON
POLICE/FIRE/EMS**

33 South Road
Templeton, Massachusetts 01468
978-939-5638
Fax: 978-939-2042

PAPER LOG REQUEST FORM

DEPARTMENT _____ POLICE _____ FIRE _____ EMS

DATE OF REQUEST: _____ ID# TAKING REQUEST _____

REQUESTOR'S NAME: _____

ADDRESS: _____

TELEPHONE #: _____

CALL INFORMATION

DATE OF CALL

TIME OF CALL

COMMENTS: _____

****All requests will be acted upon within a timely fashion exclusive of any unforeseen emergencies.**

RELEASE OF INFORMATION

SUPERVISOR PRINTING INFORMATION

DATE

DISPATCHER/OFFICER RELEASING INFORMATION

DATE

RECEIPT OF INFORMATION

I, _____ acknowledge that I have
received the call/incident information requested above on (date) _____