



Dover Police Department

3 Walpole St.
Dover, MA 02020



JEFFREY FARRELL
ACTING POLICE CHIEF

TEL. (508) 785-1130
FAX. (508) 785-0683

Request for Sex Offender Registry Information

I _____ give permission to the Dover Police Department, as authorized under M.G.L. C. 6, S 187J, to check with the Commonwealth of Massachusetts Sex Offender Registry Board, to determine if I am listed. I further authorize the Dover Police Department to release the result of this inquiry to the

_____.

Name: (last) _____, (first) _____, (m) _____

Address: (street & number) _____,

(city or town) _____ (state) _____, (zip) _____.

DOB: _____, SSN: _____, Sex: _____, Race: _____

Height: _____, Weight: _____, Hair color: _____, Eye Color _____

(Signature) _____, (Date) _____

Record found: No _____, Yes _____ Date: _____

Officer initiating search: _____