



CHELSEA POLICE DEPARTMENT

19 Park Street
Chelsea, MA 02150
TEL 617-466-4800
FAX 617-466-4854



Request for DVD Imaging

Date of Request _____

Requested by (PRINT) _____

Date & Approximate Time of Incident _____

LOCATION OF REQUEST: _____

Chelsea Police Department
Incident/Arrest/Accident # _____

Name of Defendant/Victim/Suspect _____

Reason for Request ADA Police Investigation: Other: _____

Remarks _____

Chelsea Police Department use ONLY

Date Request Received _____ Approved / Denied by _____
(Chief of Police or Administrative Captain)

CPD DVD Number: _____ Name of person supplying DVD information: _____

Date DVD made _____ Date unable to locate _____

Date sent to Court/Notified requester: _____ Requester telephone number: _____

Date picked up by requester: _____

NOTE: All request for a non-criminal cases, and request for non-indigent clients in a criminal cases, require a \$35.00 fee