



CHELSEA POLICE DEPARTMENT

19 Park Street
Chelsea, MA 02150
records@chelseama.gov
TEL 617-466-4800
FAX 617-466-4854



Request for DVD Imaging

Today's Date _____ Phone _____

Requested by (PRINT) _____

Requester Email (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

Name of person downloading & supplying DVD information. _____

Date Request Received _____ CPD DVD Number: _____

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