

If you are inquiring whether an individual is a sex offender, please complete the following section:

SUBJECT'S NAME: _____

PERSONAL IDENTIFYING CHARACTERISTICS: _____

SEX: _____ RACE: _____

D.O.B./APPROXIMATE AGE: _____

ADDRESS: _____

HGT: _____ WGT: _____ EYE COLOR: _____ HAIR COLOR: _____

OTHER PERTINENT INFORMATION (i.e. vehicle license plate number, parent information):

If you are inquiring whether any sex offenders live or work on a specific street, please complete the following section:

STREET: _____ CITY/TOWN: _____

If you are inquiring whether any sex offenders live or work within the same city or town of a specific address, please complete the following section:

ADDRESSES: _____

“ I understand that the sex offender registry information disclosed to me is intended for my own protection or for the protection of a child under the age of 18 or another person for whom I have responsibility, care or custody.” M.G.L. c. 6, § 178J(a)(4)

SIGNATURE OF REQUESTOR: _____



*****WARNING*****

SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L. C. 6, §§ 178C – 178P FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 ½) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000.00) OR BOTH (M.G.L. C. 6, § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$100.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS (M.G.L. C. 275, § 4).

Return this form to: West Bridgewater Police Dept., ATTN: Lt. R. Rogers
99 West Center St., West Bridgewater MA 02379
(FAX: 508-894-1295)