

COMMONWEALTH OF MASSACHUSETTS  
**TOWN OF FAIRHAVEN**  
DEPARTMENT OF POLICE

**Request for Police Detail**

Gary F. Souza  
Chief

Donald Joseph  
Lieutenant

Today's Date:

Requested by:

Name:

Address:

City:

State:

Zip:

Telephone: (\_\_\_\_) \_\_\_\_\_

Bill To:

Name:

Address:

City:

State:

Zip:

Telephone: (\_\_\_\_) \_\_\_\_\_

Date:--/--

Time: From:

A.M. / P.M. To:

A.M. / P.M.

Location:

Signature: