

DEVAL L. PATRICK Governor

TIMOTHY P. MURRAY Lieutenant Govenor

The Commonwealth of Massachusetts Executive Office of Public Safety Sex Offender Registry Board

Post Office Box 4547 Salem, MA 01970-4547

(978) 740-6400 *Fax: (978) 740-6464* KEVIN M. BURKE Secretary

JENNIFER FRANCO Chairperson

<u>REQUEST FOR SEX OFFENDER INFORMATION</u> FROM CITY/TOWN POLICE DEPARTMENTS (M.G.L. c. 6, § 178J)

You may request from your city/town police department whether: a specific individual identified by name, date of birth or sufficient personal identifying characteristics is a sex offender; or whether any sex offenders live or work within the same city or town of a specific address. You may specify the address of a home, school, daycare facility, playground, etc.; or whether any sex offenders live or work on a specific street.

In response to your request, you will receive a report which indicates the name of the offender, the home address, the work address, the offense(s) and date(s) for which the offender was convicted/adjudicated, the offender's age-sex-race-height-weight-eye and hair color, and a photograph if available.

Please be advised that the law only permits the public to receive information on sex offenders required to register and finally classified by the Sex Offender Registry Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not available to the public if the sex offender is a level 1 (low risk) offender or if he/she has not yet been finally classified by the Board.

All inquiries shall be recorded and kept confidential; provided that the records may be disseminated to assist or defend any criminal prosecution.

NAME OF REQUESTOR:	
ADDRESS:	
CITY/TOWN,STATE,ZIP:	
TELEPHONE:	
DATE OF BIRTH:	DATE/TIME OF REQUEST:
IDENTIFICATION PRESENTED:	

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

PERSONA	L IDENTIFYINO	G CHARACTERISTICS:	
SEX:		RACE:	
D.O.B./API	PROXIMATE A	GE:	
ADDRESS	:		
			HAIR COLOR:
	ERTINENT INFC	ORMATION (i.e. vehicle lic	ense plate number, parent information):
*****			****
•	inquiring wheth he following sect	•	r work on a specific street, please
STREET: _		СП	Y/TOWN:
******	****	****	*****
·	1 0	er any sex offenders live o omplete the following sect	r work within the same city or town of
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