



Town of Tyngsborough

Police Department

20 Westford Road

Tyngsborough, Massachusetts 01879-0549

Phone: 978-649-7504 Fax: 978-649-3670



Request for Sex Offender Information

You may request:

1. Whether a specific individual, identified by name, date of birth or sufficient personal identifying characteristics is a sex offender.
2. Whether any sex offenders live or work within a one-mile radius of a specific address.
3. Whether any sex offenders live or work on a specific street.

If a sex offender is identified you will receive a report which indicates the name of the offender and the home and/or work address if it is within a one-mile radius of your request. You will also receive the nature of the offense and the date for which the offender was convicted /adjudicated, the offender's age, sex, race, height, weight, and eye and hair color.

All inquiries shall be recorded and kept confidential. However, the records may be disseminated to assist any criminal prosecution.

Name of Requestor: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

License #: _____ Date of Birth: _____ Date of Request: _____

Reason for Inquiry: _____

I swear, under the pains and penalties of perjury, that I am the requestor and have attained the age of 18 years. 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.

I further understand that the information contained in the sex offender report shall not be used to commit any crimes against any sex offender or to engage in illegal discrimination or harassment of an offender. Any person who uses information disclosed, pursuant to this act, to commit a crime shall be punished by not more than two and half years in a house of correction or by a fine of not more than one thousand dollars or both. In addition, any person who uses information disclosed pursuant to this act, to threaten to commit a crime, may be punished by a fine of not more than one hundred dollars or by imprisonment for not more than six months, pursuant to MGL, Chapter 275, Section 4.

Signature: _____ Date: _____

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

Subject's Name: _____

Sex: M or F Race: _____ D.O. B. / Approx. Age: _____

Address: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

If you inquiring whether any sex offender(s) live or work within a one-mile radius of a specific address, please complete the following section:

Address 1: _____

Address 2: _____

Address 3: _____

Address 4: _____
