## Commonwealth of Massachusetts Sex Offender Registry Board

## M.G.L. c. 6, § 178I REQUEST FOR SEX OFFENDER REGISTRY INFORMATION

All requests for sex offender												SORB U	JSE ON	ILY						
this form and mailed to the Sex Offender Registry Board, Attn: SORI Coordinator, P.O. Box 4547, Salem, MA 01970,																				
along with a self-addressed s																				
provide a report that includes the person identified is a sex offender offense(s) for which the offender date(s) of the conviction(s) or adjute law only permits the public to required to register and finally classified (moderate risk) or level 3 (high risis not available to the public if the risk) offender or if he/she has not Board.	with an was convidication receive is ussified by sk) offender identifie	obligation obligation of the control	ation to I or adju Please t nation o Board Therefo lividual	registedicated adversariate adv	ter, the ed, and ised th offend evel 2 format evel 1	the eat lers														
All requests shall be recorded assist or defend in a criminal p			fidenti	al, ex	cept t	О														
Requestor's name:	TOWN OF WAYLAND											Date of birth:								
Organization name: (if any)	RECREATION DEPARTMENT																		_	
Address:	41 COCHITUATE ROAD									1	Telephone number: (508)358-3660									
	WAY	LAN	ND MA	017	78															
I swear under the pains and pe for my own protection, the procare or custody.  Requestor's signature:	tection	of a	child u	nder 1	18 yea	ars of a	ge, o			ction	of a		perso							
I hereby request that the following	g informa	ation	be used	to det	ermin	e wheth	er the	identi	fied indiv	/idua	l is a	sex offe	ender	requir	ed t	o regi	ster	in Ma	ssac	husetts
Subject's LAST NAME:																				]
Subject's FIRST NAME::																				]
Subject's MIDDLE INITIAL:																				
Date of birth or approximate ag	ge: / / /																			
		M	M	D	D	Y	Y	Y	Y				AGE	Ξ						
Address (PRINT):																				
Personal identifying characteris	tics:																			
Sex: Race:	Height:			Veigh	t:		Eye	Color:		Н	air C	olor:								
Other information (e.g. license p	olate nur	nber	, paren	ts' na	mes, e	tc.): _														

If additional information is needed, please contact the Requestor at the telephone number above.

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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 – 178Q 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).