Commonwealth of Massachusetts
Sex Offender Registry Board

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

All requests for sex offender information must be made on 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 stamped envelope. The Board will provide a report that includes the following information: whether the person identified is a sex offender with an obligation to register, the offense(s) for which the offender was convicted or adjudicated, and the date(s) of the conviction(s) or adjudication(s). *Please be advised that the law only permits the public to receive information on sex offenders required to register and finally classified by the Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not available to the public if the identified individual is a level 1 (low risk) offender or if he/she has not yet been finally classified by the Board.*

SORB USE ONLY

All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution.

Requestor's name: Thomas M. Formicola **Date of birth:** 02/13/63

Organization name: *(if any)* Arlington Center for the Arts

Address: 20 Academy Street **Telephone number:** (781-648-6220
Arlington MA 02476

I swear under the pains and penalties of perjury that I am the above-named person, at least 18 years of age, and I am requesting information for my own protection, the protection of a child under 18 years of age, or for the protection of another person for whom I have responsibility, care or custody.

Requestor's signature: Thomas M. Formicola **Date:** _____

I hereby request that the following information be used to determine whether the identified individual is a sex offender required to register in Massachusetts.

Subject's LAST NAME: _____

Subject's FIRST NAME:: _____

Subject's MIDDLE INITIAL: _____

Date of birth or approximate age: __ __ / __ __ / __ __ __ __ (M M D D Y Y Y Y) __ __ (AGE)

Address (PRINT): _____

Personal identifying characteristics:

Sex: _____ **Race:** _____ **Height:** _____ **Weight:** _____ **Eye Color:** _____ **Hair Color:** _____

Other information (e.g. license plate number, parents' names, etc.): _____

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

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