

Request for Police Reports

Your name: _____ Your phone #: _____

Report type: Accident report Incident report Other: _____

Date of event: _____ Time of event: _____

Individual(s) involved: _____

Location of event: _____

(if accident, approximate location)

Other Details: _____

Your reason for requesting the report: _____

Signature: _____ Date: _____

You will be notified when the report is ready to be picked up or you may attach a stamped, self-addressed envelope and we will mail it to you.