

Report Request Form

Official Use

Please Print

Initials of Officer/
Dispatcher Receiving
Fee

of Pages _____

Fee _____

DATE OF REQUEST _____

1. NAME OF PERSON REQUESTING REPORT:

2. ADDRESS _____

3. PHONE NUMBER _____

**4. NAME AND ADDRESS OF PERSON INVOLVED
(IF DIFFERENT FROM THE ABOVE NAME):**

5. DATE of INCIDENT _____

6. INCIDENT/ACCIDENT NUMBER _____
(IF KNOWN)

Type of Report Requested (please place an X in appropriate box)

Accident Report
(available for pick-up three business days after request is made.)

Incident Report (Offense Report)
(available for pick-up the next business days after request is made.)

Other (please explain) _____

Requestors Signature _____