



REQUEST FOR POLICE INCIDENT REPORT

NAME OF REQUESTOR: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

DATE OF INCIDENT: _____

YOUR INVOLVEMENT IN INCIDENT: _____

REASON FOR REQUEST: _____

INCIDENT NUMBER OR OFFICER: _____

NOTE: Pursuant to the **MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION ACT**, you may or may not be entitled to receive the information. The determination will be made by the Freedom of Information Coordinator. The fee for each report is \$45.00.

Date: _____

Signature: _____