

APPLICATION TO OBTAIN COPY OF POLICE REPORT

TYPE OR PRINT ALL INFORMATION. FORMS WHICH ARE NOT LEGIBLE OR PROPERLY COMPLETED WILL BE RETURNED UNPROCESSED TO REQUESTOR

TYPE OF REPORT REQUESTED ACCIDENT CRIME (INCIDENT)

DATE OF REQUEST: _____ TIME OF ACCIDENT/INCIDENT: _____

DATE OF ACCIDENT: _____ LOCATION OF ACCIDENT/INCIDENT: _____

Authorized signature required. Persons authorized by the vehicle code Section 375 1(b), include any person involved in this accident, their attorney or insurer, the Federal Government, branches of the military service, Commonwealth agencies, Officials of political subdivision, and agencies of other states, nations and their political subdivisions.

LIST ALL PERSONS INVOLVED IN ACCIDENT/INCIDENT (Drivers, pedestrians, etc)

REASON FOR REQUEST: (CHECK APPROPRIATE BLOCK)

- INVOLVED IN ACCIDENT (driver, occupant, pedestrian or property owner)
 ATTORNEY OR INSURER FOR PERSON INVOLVED IN ACCIDENT
 GOVERNMENT AGENCY OR OFFICIAL

REPORT REQUESTED BY:

LIST TELEPHONE NUMBER TO BE USED TO CONTACT REQUESTOR IF NECESSARY: (AREA CODE)

FAX:

INCIDENT # (if available)

WILL PICK UP MAIL FAX

CHECKLIST:
DID YOU ENTER THE FULL NAME, COMPLETE MAILING INCLUDING ZIP CODE?
DID YOU ENTER THE YOUR COMPLETE ADDRESS & PHONE NUMBER INCLUDING AREA CODE?
DID YOU INCLUDE A CHECK IN AMOUNT OF \$15.00
PAYABLE TO PLAINS TOWNSHIP? (DO NOT SEND CASH)

MAIL OR DELIVER COMPLETED APPLICATION AND PAYMENT TO:

PLAINS TOWNSHIP BUSINESS OFFICE
126 NORTH MAIN STREET
PLAINS, PA 18705

DO NOT SUBMIT THIS REQUEST UNTIL 15 DAYS HAVE ELAPSED SINCE THE DATE OF ACCIDENT/INCIDENT TO ENSURE THE REPORT HAS BEEN COMPLETED & PROCESSED. YOU MUST SUBMIT THIS APPLICATION AND PAYMENT TO OBTAIN A REPORT - OFFICE PERSONELL HAVE NO ACCESS TO POLICE RECORDS AND CANNOT PROVIDE REPORTS AT THE TIME THE APPLICATION IS FILED.