

Date: _____

I (Your Full Name) _____ hereby request a copy of

Fitchburg State University Campus Police Department Report Number: _____

Incident Details (if known)

Date: _____ Time: _____ AM PM Investigating Officer: _____

Victim: _____ Suspect: _____

Location: _____

Nature of Call/Report: _____

Other Information: _____

Requesting Individual's Information

Full Name (First, Middle Initial, Last): _____

Organization/ Affiliation Name: _____

Address: _____

City/State/Zip Code: _____

FSU P.O. Box Number (if applicable): _____

Phone: Home: (_____) _____ Business: (_____) _____

Cell: (_____) _____

Location where you'd like correspondence/report sent if different from FSU P.O. Box #: _____

Reason for Request

ANY information in this report or otherwise that is received from Fitchburg State University and/or the Fitchburg State University Campus Police Department will be used for lawful purposes only. I understand that I may be subject to criminal and/or civil action otherwise.

Applicant's Signature: _____ Date: _____ Time: _____ AM PM

Your request will be processed as soon as possible in our attempt to provide you with the best service. Please remember that there may be numerous factors beyond our control which may occur causing a delay. Please allow 2 weeks for processing.

Notice to Operator and Owner Involved in Accident

If there is damage exceeding \$1,000 OR personal injury results, you must file an accident report with the RMV and the FSU Police Department within five (5) business days. Accident forms may be obtained from any Police Department, RMV, or Insurance Company. We suggest that you report all accidents immediately and promptly notify your insurance company.

—For Official Use Only—	
Request for copy of report:	<input type="checkbox"/> Granted <input type="checkbox"/> Denied If Denied, Reason: _____
Report #:	_____ Processed By: _____