

POLICE INCIDENT REPORT REQUEST FORM

REQUESTOR INFORMATION – (PLEASE PRINT OR TYPE)				
Last Name		First Name		MI
Date of Request				
Mailing Address(# & street Name)		City		State
Zip Code				
Company Name & Address (if applicable)				Fax:
Phone or Cell No (include area code)		Email Address (optional)		ID Presented
				<input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> NJ State ID <input type="checkbox"/> Other
TYPE OF REPORT REQUESTED			LIST OF FEES*	
<input type="checkbox"/> Traffic Crash	Incident #	Date of Crash		<ul style="list-style-type: none"> ▪ \$0.05 per standard page ▪ \$0.07 per legal page ▪ \$0.72 per CD Rom ▪ \$0.90 per DVD <p>Fees are for Legal Discovery only. Prepayment is required. You will be notified of the total charges. Payments are accepted by Check only.</p>
<input type="checkbox"/> Incident	Incident #	Date of Incident		
Location of Traffic Crash or Police Incident:				
Reason for Obtaining Crash/Incident Report:				
*Personal incident, burglary, theft, etc.				

You will be notified when your reports are ready. Reports may be picked up in person Mondays - Friday from 8:30 a.m. to 4 p.m. Your request may take up to seven (7) business days to complete. This signed completed form shall constitute a receipt for the requestor of the records. Active investigation reports will not be included with a copy of your report. Information on reports may be redacted pursuant to New Jersey State Law.

Requestor's Signature		Date	Signature of Employee Receiving Request		Date
Response Date	Delivery Method <input type="checkbox"/> Mail <input type="checkbox"/> Will Pick Up <input type="checkbox"/> Provided at Time of Request				
Documents Provided:	#	Total Cost			
<input type="checkbox"/> Letter Size Page(s)					
<input type="checkbox"/> Legal Size Page(s)					
<input type="checkbox"/> CD Rom					
<input type="checkbox"/> DVD					
<input type="checkbox"/> Other (specify on reverse)					
Total Amount Due:					
Check #:					
<input type="checkbox"/> Document(s) <u>not</u> provided Explanation: (see reverse for additional information)					

Please forward this completed, signed, form to the geographic division from which you are seeking records:

New Brunswick Division
55 Commercial Avenue
New Brunswick, NJ 08901
Fax: (732) 932-7215

Newark Division
200 University Avenue
Newark, NJ 07102
Fax: (973) 353-1369

Camden Division
409 North 4th Street
Camden, NJ 08102
Fax: (856) 964-8480