



**REQUEST FOR COPIES OF POLICE REPORTS**

Name: \_\_\_\_\_ Date Requested: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

**RECORD REQUESTED**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Case Number: \_\_\_\_\_

Location of Incident:  
\_\_\_\_\_

Type of Incident:  
\_\_\_\_\_

**NOTE:** This form is to be filled out for all requests to receive copies of police reports from the Fisher College Police Department.

Once you have received notification from our department, all copies shall be picked up at the Fisher College Police Desk located in the mall area of 116 Beacon Street. Copies must be picked up within 36 hours of notification. In the event that the time frame has expired, all copies will be destroyed and a new request form must be submitted.

**DISPATCH USE ONLY**

Picked up by: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Emailed by: \_\_\_\_\_ Date/Time: \_\_\_\_\_