



UPPER UWCHLAN TOWNSHIP POLICE DEPARTMENT

REQUEST FOR INFORMATION

This form is to be completed by the requestor. If this form is not legible or not properly completed, it will not be processed. Before the issuance of any report, proof of identification must be provided. Those who are representatives of an organization shall provide proof of the organization they represent. All fees for records must be paid before the release of any reports.

Date of Request:	
Type of Request:	
<input type="checkbox"/> Vehicle Accident <input type="checkbox"/> Incident Report <input type="checkbox"/> Other:	
Incident Information:	
Date	
Time	
Location	
Incident Report # (if known)	
Requestor Information: <i>Copy of ID must be attached</i>	
Name	
Address	
Telephone Number	
Fax Number	
E-mail Address	
Method of Release:	
<input type="checkbox"/> Paper Copy <input type="checkbox"/> US Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-mail to same address as above	
POLICE DEPARTMENT USE ONLY-DO NOT WRITE BELOW THIS LINE	
Release Approved By	
Released By	
Date of Release	
Cost	
Total Cost	
Amount Received	
Type of Payment	<input type="checkbox"/> Cash <input type="checkbox"/> Check #
Payment Received By	
Receipt Issued?	<input type="checkbox"/> Yes, copy of this request provided <input type="checkbox"/> No
Comments	<input type="checkbox"/> None