



Taylor Police Department

122 Union Street, Taylor, PA 18517

Stephen A. Derenick, Chief of Police



POLICE REPORT REQUEST FORM

<u>Fees per report</u> Accident Report Fee: \$15.00 Incident Report Fee: \$15.00	Please make your check/money order payable to the "Taylor Police Department" and include a copy of your Driver's License or Photo Identification
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Please complete sections 1 thru 4 then sign and date: **ONLY one report per request form.** Please provide as much information as possible. This form may be delivered in person or mailed to the Taylor Police Department at 122 Union St. Taylor, PA 18517. **Please include a self-addressed stamped envelope to ensure prompt delivery.**

(Type out information or print out and fill in by hand.)

1.	Your Name: _____
	<div style="display: flex; justify-content: space-between;"> First Name Last Name </div>
	Address: _____
	<div style="display: flex; justify-content: space-between;"> Street # Street Name City State Zip Code </div>
	Telephone: _____
	Include Area Code

2.	Check applicable type of report:
	<div style="display: flex; justify-content: space-around;"> Accident Report Incident Report </div>
	Report Number: _____
	Date of Incident: _____
	Location of Incident: _____
	Other Party Involved: _____

3.	I certify that I am:
	Named in the report: _____ (Check this box to certify that you are named in the requested report)
	An Insurance Agent: _____ <small>(Name of Company)</small>
	A Government Agency: _____ <small>(Name of Agency)</small>
	An Authorized Representative of: _____ <small>(Person Named in the Report)</small>

4.	Please provide in complete detail your reason(s) for requesting a copy of this report:
	_____ _____ _____
	Signature: _____ Date: _____

5.	Supervisor Approval: _____ Date: _____
	<small>(Signature)</small>
	Reason if not approved: _____