

**ALLENSTOWN POLICE DEPARTMENT
DOCUMENT REQUEST**

Date _____ Case # _____

I, _____ Representing _____

Mailing Address _____

Telephone # _____

Email address _____

HEREBY MAKE REQUEST FOR A COPY OF A DOCUMENT

Date of Incident _____ Reported By _____

Victim of Crime _____ Type of Loss _____

Location of Incident _____

Type of Document Requested (Please check appropriate section below):

_____ Call for Service Entry _____ Incident Report _____ Accident Report

_____ Other (please specify) _____

Signature _____



Administrative Use Only:

() Document Release Granted

() No Document on File

() Document Release Denied as Per: _____

() Pending Court Action

Approved/Denied by: _____

Amount Received _____ Cash () Check ()

Released By _____