

# HAMPTON TOWNSHIP

## Police Record Request Form

Rev. 1/09

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

Relationship: \_\_\_\_\_

*Attorney / Insurance Co / Victim, etc.*

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DESCRIPTION OF INCIDENT: \_\_\_\_\_

DATE OF INCIDENT / TIME: \_\_\_\_\_

PERSON(S) INVOLVED: \_\_\_\_\_

LOCATION: \_\_\_\_\_

INCIDENT TYPE: \_\_\_\_\_

OTHER DETAILS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INSTRUCTIONS: PICK-UP

FAX

MAIL

**SIGNATURE** \_\_\_\_\_  
\_\_\_\_\_

For Office Use Only:

HAMPTON POLICE DEPT. REQUEST NO. \_\_\_\_\_

Copies \_\_\_\_\_

Postage \_\_\_\_\_

FAX \_\_\_\_\_

TOTAL COST \_\_\_\_\_

GOVERNMENT AGENCY EXEMPT \_\_\_\_\_

DATE REQUEST FULFILLED \_\_\_\_\_

INITIALS OF STAFF MEMBER \_\_\_\_\_

DATE INFORMATION:

Picked Up \_\_\_\_\_

Faxed \_\_\_\_\_

Mailed \_\_\_\_\_

*Criminal History Records, Records Involving Juveniles and Cases which involve an ongoing criminal investigation are not covered by the Open Records Policy and, therefore, are not available for Public dissemination.*