



Johnstown Police Department

401 Washington Street, Johnstown, PA 15901

(814)539-0889

records@cojtn.com



POLICE REPORT REQUEST FORM

" Incident Reports Fee..... \$50.00 "

Please complete all four sections below and sign. **ONLY one report per request form.** Please provide as much information as possible. This form may be delivered in person or mailed to the Chief of Police, 401 Washington Street, Johnstown, PA 15901. Please include a self-addressed stamped envelope to ensure prompt delivery.

(Type or print **legibly**)

1. First Name: _____ Last Name _____

Address: _____
 (Street Number) (Street Name) (City) (State) (Zip)

Telephone: (____) _____ Email: _____@_____ (Print Legibly)

2. Check Applicable type of Report: _____ VEHICLE ACCIDENT _____ CRIME REPORT (Approval)

DATE OF INCIDENT _____ INCIDENT REPORT #: _____

LOCATION OF INCIDENT: _____

OTHER PARTY INVOLVED: _____

3. I certify that I am:
 Named in the report: _____ (Check on this line to certify that you are named in the requested report.)
 An Insurance Agent: _____
 (Name of Company)
 A Government Agency: _____
 (Name of Agency)

4. Please provide in complete detail your reason for requesting a copy of this report:

Signature: _____ Date: _____

Driver's License Number: _____ State: _____

____ Approved for Report Date: _____

 (Authorized Signature)

____ Approved for Cover Page Date: _____

 (Authorized Signature)