

Merchantville Police Department
REQUEST FOR PUBLIC RECORDS
1 West Maple Avenue Merchantville NJ 08109

(856) 662-0507

Fax # (856) 662-0896

**ALL RECORDS ARE SUBJECT TO OPEN PUBLIC RECORDS ACT- N.J.S.A. 47:1A1
AND MAY NOT BE ABLE TO BE RELEASED**

Person Making Request (Print Full Name)

Date of Request

I would like to request a copy of the following reports,
I was the ☐ Victim, ☐ Accused, ☐ Witness in the above listed case, which occurred on

Date Incident Occurred
(If exact date not known, list month and year)

Type of Incident (List what the incident was involving)

Location of Incident (List address / if at a business, list name of business)

TYPE OF REPORTS REQUESTING

FEE

☐ Accident Reports

\$. 05 Per Page

☐ Incident Report (Investigation / Calls for Service / Operation)

\$. 05 Per Page

☐ Complete Discovery (I'm representing myself)

\$. 05 Per Page

**(SOME REQUESTS MAY TAKE LONGER THAN OTHERS)
(OFFICE STAFF WILL CONTACT YOU VIA PHONE WHEN COMPLETE)**

Person Making Request (Signature)

Contact Phone Number

Address

Home City / State / Zip

FOR OFFICE USE ONLY

Person Receiving Request (Print)

☐ Cash ☐ Check ☐ M/O \$
Type of Payment

Payment Amount

Person Completing Request (Print)