



## ACCIDENT / POLICE REPORT REQUEST

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Requesters Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address (to send reports to): \_\_\_\_\_

Type of Report/Incident: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Other Names/Participants: \_\_\_\_\_

Other Information: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attach a \$15.00 check/money order with your request and mail it to:

West York Borough Police Department  
Records Request  
1381 W. Poplar Street  
York, PA 17404