



# RIVERTON POLICE DEPARTMENT RECORDS REQUEST



501 FIFTH STREET  
RIVERTON, NEW JERSEY 08077  
PHONE: (856) 829-1212  
FAX: (856) 829-1412

DATE REQUEST RECEIVED: \_\_\_\_\_

DATE RESPONSE PROVIDED: \_\_\_\_\_

NAME/ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE (DAY): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### INFORMATION REQUESTED:

\_\_\_\_\_ POLICE ACCIDENT REPORT

Accident Report #, Identify Date / Time / Driver / Location: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ OTHER

Nature of Incident: \_\_\_\_\_

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

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

Case / Incident #: \_\_\_\_\_

Parties involved: \_\_\_\_\_

Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

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Report Provided by: \_\_\_\_\_ Date: \_\_\_\_\_

# Pages / Report: \_\_\_\_\_ Fee: \_\_\_\_\_

*Fees for reports are 5 cents per 8.5 x 11 page, 7 cents per 8.5 x 14 page (Pickup Only) Additional \$5.00 for mail*