



STAFFORD TOWNSHIP POLICE DEPARTMENT RECORDS BUREAU

REQUEST FOR RECORDS

Instructions: Please complete this form and return to the Records Bureau. The requestor will be notified when the report is ready. Reports may be requested in person Monday-Friday from 8:30am – 4:30pm or sent to records@staffordpolice.org.

REQUESTOR INFORMATION

(Please print or type)

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

REPORT DETAILS

Case #: _____ Incident Date: _____

Type of Report: (i.e., Theft, Burglary, Fraud, Accident, etc.): _____

Reason for requesting report: _____

Delivery Options:

Pick Up

Email

Mail

SIGNATURE REQUIRED

I understand that all records will be reviewed and redacted in accordance with law.

I understand that fees may be applied to this request to established law and municipal ordinance. I understand that some fees may be paid prior to the release of any records.

SIGNATURE: _____ DATE: _____