

# MONTCLAIR STATE UNIVERSITY

## POLICE INCIDENT REPORT REQUEST FORM

**REQUESTOR INFORMATION (PLEASE PRINT OR TYPE)**

Last Name:	First Name:	MI:	Date of Request:
Mailing Address ( Number & Street Name):		City:	State: Zip Code:
Company Name & Address (if applicable)		Fax Number:	
Phone/Cell No.: (include area code)		Email address (optional)	
<b>ID Presented:</b>  Driver's License NJ State ID Passport Other		When reports <b>cannot</b> be released without a photo ID.  <b>CONFIRMATION YOUR PHOTO ID IS ATTACHED TO THIS REQUEST.</b>	

**REPORT BEING REQUESTED:**

Incident Number:	Date of Incident:	Location of Police Incident:
Reason for obtaining Incident Report:		
Reports can be e-mailed or picked up in person Monday-Friday from 8:30am to 4:30pm. Your report may take up to seven (7) business days from the date of the request to be finalized. This signed completed form shall constitute a receipt for the requestor of the records. Active investigation reports will not be included with a copy of your report. Information on reports may be redacted pursuant to New Jersey State Law.		

Circle One: Under penalty of N.J.S.A.2C:28-3, I certify that, **I have / have not**, been convicted of any indictable offense under the laws of The State of New Jersey or any other State or the United States.

---

Requestor's Signature:

---

Date:

---

Badge number: \_\_\_\_\_

---

Date:

Officer Receiving Request

**PLEASE FORWARD THIS COMPLETED, SIGNED, FORM TO THE**

**Montclair State University Police Department**  
**1 Normal Avenue**  
**Montclair New Jersey 07043**