

MONTCLAIR STATE UNIVERSITY POLICE DEPARTMENT

Request Form for Copy of Police Report

Important Notice

The attached form contains important information related to your rights to request department records. Please read carefully. All information **MUST** be **provided and printed clearly** or request will be denied.

Please Print Clearly: Requestor Information

First Name: _____ MI: ____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Telephone: (_____) - _____ - _____ E-Mail _____

Preferred Delivery: Pick Up ____ US Mail ____ E-Mail ____ (see 3rd page)

***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.**

Signature: _____ Date: _____

Record Requested

To expedite your request be as specific as Possible. Type of incident, date and case number:
If you Fax your request send it to MSU Police Department Records Bureau at: 973-655-4049.

Type of Report: _____

Date of Incident: _____ Case Number: _____

Location of Incident: _____

Payment Information:

Fees: Letter Size \$0.05 per page

US Mail: Current Postal Fee for 1st class stamp

Extras: Extraordinary service fees dependent upon request.

(Do Not Fill Out: Custodian Only)

Total # of Pages # _____

Postal Cost \$ _____

Maximum Authorized Cost \$ _____

Cash ____ Check ____

Officer Receiving Request:

Name: _____

Badge #: _____

State Use Only

Disposition Notes:

Custodian; If any part of request can not be delivered in 7 days detail reason here or on back for form.

Custodian Signature

Date

State Use Only

Received by Records

Date _____

Completed/ Other

Date _____

Status of request:

Denied – Closed ____

Filled – Closed ____

Partial – Closed ____