

Control Number: _____



Request for Copies of Police Reports

*** Only a check or money order made payable to The Town of Georgetown will be accepted ***

1. Date of Request: _____ Mail Pick-up Email
2. What type of report are you requesting: Dispatch Officer Narrative Accident
3. Date and Time of Incident _____ Location _____

4. REQUESTER INFORMATION:

Last Name: _____ First: _____ Phone: (____) _____
Address: _____
City/Town: _____ State: _____ Zip: _____
Email Address: _____

5. SUBJECT INVOLVED:

Last Name: _____ First: _____ Phone: (____) _____
Address: _____
City/Town: _____ State: _____ Zip: _____
Email Address: _____

Pink Copy (Requester) Yellow Copy (Police) White Copy (Records)

Amount: _____ Received By: _____