ACCIDENT / POLICE REPORT REQUEST

Requesters Name: _____

Agency: _____

Telephone Number: _____

E-mail Address (to send reports to): _____

Incident #: _____

Type of Report/Incident: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Name of Insured: _____

Other Names/Participants: _____

Other Information: _____

_____

_____

Signature: _____ Date: _____

Attach a $15.00 check/money order with your request and mail it to:

West York Police Department
Records Request
1700 W. Philadelphia Street
York, Pa 17404