



EAST BRUNSWICK POLICE DEPARTMENT POLICE INCIDENT REPORT REQUEST FORM

REQUESTOR INFORMATION – (PLEASE PRINT OR TYPE)				
Last Name	First Name	MI	Date of Request	
Mailing Address (# & street Name)		City	State	Zip Code
Company Name & Address (if applicable)			Fax:	
Phone or Cell No (include area code)	Email Address (optional)	ID Presented <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> NJ State ID <input type="checkbox"/> Other		
TYPE OF REPORT REQUESTED			LIST OF FEES*	
<input type="checkbox"/> Traffic Crash	Incident #	Date of Crash		
<input type="checkbox"/> Incident	Incident #	Date of Incident		
Requested Records:				
Location of Traffic Crash or Police Incident:				
Reason for Obtaining Crash/Incident Report:				
*Personal incident, burglary, theft, etc.				

- \$0.05 per standard page
 - \$0.07 per legal page
 - \$0.60 per CD Rom
 - \$0.85 per DVD
- *Fees are for Legal Discovery only.** Prepayment is required. You will be notified of the total charges. Payments are accepted by Check only.

Reports may be picked up in person Mondays - Friday from 8:00 a.m. to 5 p.m. 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.

Requestor's Signature	Date	Signature of Employee Receiving Request	Date
Response Date	Delivery Method <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Pick Up or Walk-in		
Documents Provided:	#	Total Cost	
<input type="checkbox"/> Letter Size Page(s)			
<input type="checkbox"/> Legal Size Page(s)			
<input type="checkbox"/> CD Rom			
<input type="checkbox"/> DVD			
<input type="checkbox"/> Other			
Total Amount Due:			
Check #:			

Document(s) ***not*** provided
 Explanation:

East Brunswick Police Records Bureau
 1 Jean Walling Civic Center Drive • East Brunswick, NJ 08816 • 732-390-6922

"Proudly Serving the Community with Honor, Integrity & Public Trust"