



UPPER MERION POLICE DEPARTMENT REPORT REQUEST FORM

1. Fill out this form as completely and accurately as possible. Sign your name on the signature line. This form is NOT to be used for a Right to Know Request.
2. Accident Reports may be released to any person involved in the accident, their Insurance Company or their Attorney. All Incident Reports are subject to approval and must be reviewed by the Lieutenant of Investigations prior to being released.
3. There is a \$15.00 fee for a copy of any report. If you request it through the mail you must include a self-addressed stamped envelope along with your request and payment. Requests by mail can be mailed to: Upper Merion Police Department, 175 W. Valley Forge Road, King of Prussia, PA 19406, Attn: Police Records. Make checks payable to Upper Merion Township. We do not fax or email reports.
4. In person you may pay by Check, Cash or Credit Card (Credit Card Fee \$3.00 minimum or 2.45 %) at the Cashiers Window, Monday through Thursday, 8:15 AM to 6:00 PM or by cash or check only on Fridays at the Police Records Window, 9:00 AM to 5:00 PM. Please have valid photo ID available for verification.

What type of report are you requesting? <input type="checkbox"/> Traffic Accident Report <input type="checkbox"/> Incident Report	What is the Accident or Incident Report Number?
Date and Time of the Accident or Incident?	Location of Accident or Incident?
Name of Involved Person(s) in this Report?	How are they involved?
Plate Number for Vehicle involved in Accident?	Name of Requestor?
Name of Requesting Agency?	Requestor's Phone Number:

- I am the party of interest in the report. I represent the party of interest identified in the report.
 I am the: Insurance Co. Representative Attorney
 Parent/Guardian of Juvenile Other _____

Signature: _____ Date _____

DO NOT WRITE BELOW THIS LINE / FOR POLICE DEPARTMENT USE ONLY

Request Processed By / Date: _____ Approved/Denied By / Date: _____

Reason Report was Denied: _____

Request Mailed By / Date: _____ Request Picked Up By / Date: _____