

Merchantville Police Department  
**REQUEST FOR PUBLIC RECORDS**

1 West Maple Avenue Merchantville NJ 08109

(856) 662-0507

Fax # (856) 662-0896

**ALL RECORDS ARE SUBJECT TO OPEN PUBLIC RECORDS ACT- N.J.S.A. 47:1A1  
AND MAY NOT BE ABLE TO BE RELEASED**

\_\_\_\_\_  
Person Making Request (Print Full Name)

\_\_\_\_\_  
Date of Request

I would like to request a copy of the following reports,  
I was the  Victim,  Accused,  Witness in the above listed case, which occurred on

\_\_\_\_\_  
Date Incident Occurred  
(If exact date not known, list month and year)

\_\_\_\_\_  
Type of Incident (List what the incident was involving)

\_\_\_\_\_  
Location of Incident (List address / if at a business, list name of business)

**TYPE OF REPORTS REQUESTING**

**FEE**

Accident Reports

\$. 05 Per Page

Incident Report (Investigation / Calls for Service / Operation)

\$. 05 Per Page

Complete Discovery (I'm representing myself)

\$. 05 Per Page

**(SOME REQUESTS MAY TAKE LONGER THAN OTHERS)  
(OFFICE STAFF WILL CONTACT YOU VIA PHONE WHEN COMPLETE)**

\_\_\_\_\_  
Person Making Request (Signature)

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home City / State / Zip

**FOR OFFICE USE ONLY**

\_\_\_\_\_  
Person Receiving Request (Print)

Cash  Check  M/O \$ \_\_\_\_\_  
Type of Payment

Payment Amount

\_\_\_\_\_  
Person Completing Request (Print)