

Waterford Township Police Department  
**REQUEST FOR POLICE RECORDS**

(856) 767-2134

2131 Auburn Avenue  
Atco, New Jersey 08004

Fax # - (856) 767-9407

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

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

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

I would like to request a copy of the following  reports.  
I was the  **Victim**,  **Accused**,  **Witness** in the below 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**

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Accident Reports</b>  | \$.75 Per Page   |
| <input type="checkbox"/> <b>Incident Report</b> (Investigation / Calls for Service / Operation) | \$.75 Per Page   |
| <input type="checkbox"/> <b>Complete Discovery</b> (I'm Representing Myself.)                   | \$.75 Per Page (First 10 pages)<br>\$.50 Per Page (Additional pages) |

**– SOME REQUESTS MAY TAKE LONGER THAN OTHER –  
OFFICE STAFF WILL CONTACT YOU VIA PHONE WHEN COMPLETE.**

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

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

\_\_\_\_\_  
Home Street 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)

WTF.T.P.D.-052, ORIG.8/3/2007