

ARCANUM POLICE DEPARTMENT

104 W. SOUTH STREET

ARCANUM, OH 45304

PH: (937) 692-8121 FAX: (937) 692-8283

INCIDENT REPORT REQUEST FORM

NAME: _____

D.O.B.: ____ / ____ / ____ SSN: ____ - ____ - ____

PHONE NUMBER: (____) ____ -- ____

INCIDENT ADDRESS: _____

DATE THE INCIDENT TOOK PLACE: ____ / ____ / ____

DESCRIPTION OF THE INCIDENT:

OFFICER THAT TOOK REPORT: _____

REPORT PICKED UP BY - SIGNATURE: _____

DATE REPORT PICKED UP: ____ / ____ / ____ # OF PAGES: ____

THE ARCANUM POLICE DEPARTMENT CHARGES \$0.10 CENTS PER PAGE FOR A COPY OF AN INCIDENT REPORT. PLEASE ALLOW 24 HOURS FOR PROCESSING AND PRINTING OF THE INCIDENT REPORT. DEPARTMENT POLICY STATES THAT REPORTS CAN ONLY BE PRINTED BY THE CHIEF OF POLICE OR SGT.