

MONTCLAIR

STATE UNIVERSITY

POLICE INCIDENT REPORT REQUEST FORM

REQUESTOR INFORMATION (PLEASE PRINT OR TYPE)

Last Name:	First Name:	MI:	Date of Request:
Mailing Address (Number & Street Name):	City:	State:	Zip Code:
Company Name & Address (if applicable)		Fax Number:	
Phone/Cell No.: (include area code)		Email address (optional)	
ID Presented: ☐ Driver's License ☐ NJ State ID ☐ Passport ☐ Other		When returning the completed form, please include a copy of your photo ID. Reports cannot be released without a photo ID. ☐ CONFIRMATION YOUR PHOTO ID IS ATTACHED TO THIS REQUEST.	

REPORT BEING REQUESTED:

Incident Number:	Date of Incident:	Location of Police Incident:
Reason for obtaining Incident Report:		
Reports can be e-mailed or picked up in person Monday-Friday from 8:30am to 4:30pm. Your report may take up to seven (7) business days from the date of the request to be finalized. This signed completed form shall constitute a receipt for the requestor of the records. 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.		

Circle One: Under penalty of N.J.S.A.2C:28-3, I certify that, **I have / have not**, been convicted of any indictable offense under the laws of The State of New Jersey or any other State or the United States.

Requestor's Signature: _____

Date: _____

Badge number: _____

Date: _____

Officer Receiving Request

PLEASE FORWARD THIS COMPLETED, SIGNED, FORM TO THE

**Montclair State University Police Department
1 Normal Avenue
Montclair New Jersey 07043**