



RIVERTON POLICE DEPARTMENT RECORDS REQUEST



501 FIFTH STREET
RIVERTON, NEW JERSEY 08077
PHONE: (856) 829-1212
FAX: (856) 829-1412

DATE REQUEST RECEIVED: _____

DATE RESPONSE PROVIDED: _____

NAME/ADDRESS: _____

TELEPHONE (DAY): _____ Cell Phone: _____

INFORMATION REQUESTED:

_____ POLICE ACCIDENT REPORT

Accident Report #, Identify Date / Time / Driver / Location: _____

_____ OTHER

Nature of Incident: _____

Incident Location: _____

Date / Time of Incident: _____

Case / Incident #: _____

Parties involved: _____

Signature of Requestor: _____ Date: _____

Report Provided by: _____ Date: _____

Pages / Report: _____ Fee: _____

Fees for reports are 6 cents per 8.5 x 11 page, 7 cents per 8.5 x 14 page (Pickup Only) Additional \$5.00 for mail