

POTTSTOWN POLICE DEPARTMENT



**POTTSTOWN POLICE DEPARTMENT
RECORDS DIVISION
ACCIDENT REPORT REQUEST FORM**

Date of Accident: _____

Time of Accident: _____

Location of Accident: _____

Pottstown Police Dept. Incident Number: _____ - _____

Your Name: _____

Your Address: _____

City: _____ State: _____ Zip Code _____

Your Signature: _____ Date of Request: _____

*Mail this completed form to the Pottstown Police Department Records Division (100 East High St. Pottstown, PA 19464-9525) along with a postage paid self-addressed envelope and a check or money order in the amount of \$15.00 (payable to Pottstown Police Department) for each accident report requested. Only completed forms accompanied with an envelope and full payment as described will be processed.

DO NOT SEND CASH