

Commerce Police Department

Report Request

Accident

Offense

Incident

If Incident/Offense, please list type of Incident/Offense: _____

Date of Incident/Offense/Accident: _____

Location: _____

Person(s) Involved: _____

Requestor Information:

Name: _____

Address: _____

Daytime Phone #: _____

DOB: _____ SSN: _____

DL State: _____ DL #: _____

I certify that I have received a report regarding the information that I have supplied above.

Recipient

Released by

Department Use Only

Report #: _____

Author: _____

Issued by: _____

Date: _____

All requests for reports will be handled in a timely manner. If your request is for a record that is not in the form of an Accident, Incident or Offense Report, please put your request in writing, in letter form, and submit it to the Chief of Police or the City Secretary. You will receive a response from the City of Commerce within 10 business days.