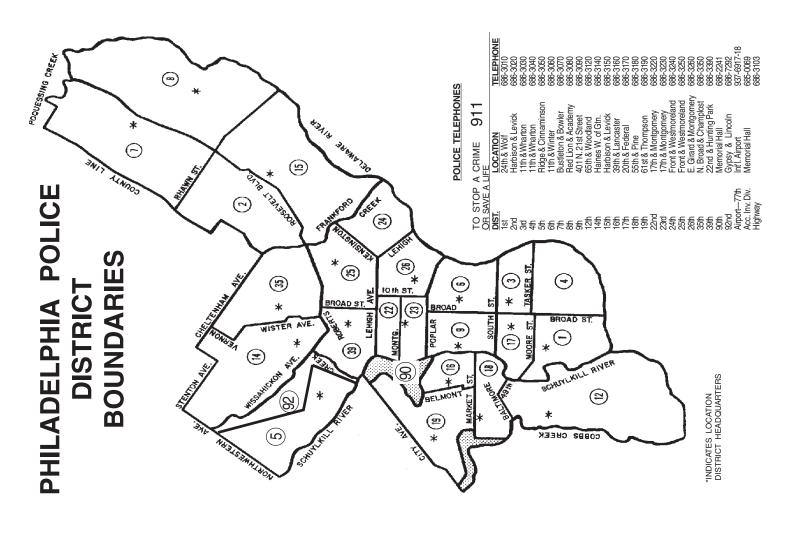
APPLICATION FOR	SEARCH AND/OR EXTRACT OF	FOR OFFICIAL USE ONLY	
POLICE INCI	DENT OR OFFENSE REPORT	CITY OF PHILADELPHIA DEPARTMENT OF RECORDS	
-	E INFORMATION MAY RESULT IN A NEGATIVE RESPONSE	YOUR APPLICATION NUMBER IS:	
PARTY REQUESTING REPORT (NAME OF APPLIC			
REPORT TO BE MAILED TO (COMPLETE ADDRES	Nº.		
NAME			
ADDRESS			
		APPLICATION DATE	
CITY, STATE, ZIP CODE		TELEPHONE NUMBER OF APPLICANT	
NAME OF PERSON INVOLVED/VICTIM/COMPLAINANT/OFFENDER OR PERSON WHO ACTUALLY REPORTED THIS INCIDENT TO		File/Claim number <i>(OPTIONAL)</i>	
POLICE, ETC.		TIME OF OCCURRENCE	
TYPE OF OFFENSE OR INCIDENT (IF STOLEN / RECOVERED AUTO, LICENSE TAG NUMBER/STATE MUST BE GIVEN)			
		DATE OF OCCURRENCE	
EXACT STREET LOCATION WHERE INCIDENT OR OFFENSE OCCURRED (MUST BE IN PHILADELPHIA)		DATE REPORTED TO POLICE	
PLEASE SEND 2 SELF-ADDRESSED STAMPED ENVELOPES.			
MAIL ALL COPIES ALONG WITH \$25.00 FEE			
FEE NOT REFUNDABLE FOR INQUIRIES, CALL POLICE DEPARTMENT AT <b>686-1292</b> — PLEASE ALLOW TEN TO TWELVE WEEKS AFTER RECEIPT OF NUMBERED PINK APPLICATION BEFORE MAKING INQUIRIES.			
IF YOU HAVE A DISABILITY AND REQUIRE AN ACCOMMODATION IN ORDER TO COMPLETE THIS FORM AND/OR TO PARTICIPATE IN A PROGRAM OR SERVICE, CONTACT 686-2266 FOR THE ADA COORDINATOR.			
82-47 (Rev. 6/04) WHITE COPY—POLICE CANARY COPY—RECORDS PINK COPY—RETURNED TO APPLICANT AFTER NO. HAS BEEN ASSIGNED			

APPLICATION FOR SEARCH AND/OR EXTRACT OF		FOR OFFICIAL USE ONLY	
	DENT OR OFFENSE REPORT PLEASE PRINT OR TYPE —	CITY OF PHILADELPHIA DEPARTMENT OF RECORDS	
INSUFFICIENT, WRONG OR VAGUE	E INFORMATION MAY RESULT IN A NEGATIVE RESPONSE	YOUR APPLICATION NUMBER IS:	
PARTY REQUESTING REPORT (NAME OF APPLIC			
REPORT TO BE MAILED TO (COMPLETE ADDRES	Nº		
NAME			
ADDRESS		APPLICATION DATE	
CITY, STATE, ZIP CODE		Application date	
GITT, STATE, ZIP CODE		TELEPHONE NUMBER OF APPLICANT	
NAME OF PERSON INVOLVED/VICTIM/COMPLAINANT/OFFENDER OR PERSON WHO ACTUALLY REPORTED THIS INCIDENT TO POLICE, ETC.		FILE/CLAIM NUMBER <i>(OPTIONAL)</i>	
		TIME OF OCCURRENCE	
TYPE OF OFFENSE OR INCIDENT (IF STOLEN / RECOVERED AUTO, LICENSE TAG NUMBER/STATE MUST BE GIVEN)		A.M P.M.	
		DATE OF OCCURRENCE	
EXACT STREET LOCATION WHERE INCIDENT OR OFFENSE OCCURRED (MUST BE IN PHILADELPHIA)		DATE REPORTED TO POLICE	
PLEASE SEND 2 SELF-ADDRESSED STAMPED ENVELOPES.			
MAIL ALL COPIES ALONG WITH \$25.00 FEE			
FEE NOT REFUNDABLE	FOR INQUIRIES, CALL POLICE DEPARTMENT AT <b>686-1292</b> — PLEASE ALLOW TEN TO TWELVE WEEKS AFTER RECEIPT OF NUMBERED PINK APPLICATION BEFORE MAKING INQUIRIES.		
IF YOU HAVE A DISABILITY AND REQUIRE AN ACCOMMODATION IN ORDER TO COMPLETE THIS FORM AND/OR TO PARTICIPATE IN A PROGRAM OR SERVICE, CONTACT 686-2266 FOR THE ADA COORDINATOR.			
82-47 (Rev. 6/04) WHITE COPY-POLICE CANARY COPY-RECORDS PINK COPY-RETURNED TO APPLICANT AFTER NO. HAS BEEN ASSIGNED			



## CITY OF PHILADELPHIA • DEPARTMENT OF RECORDS

## FACT SHEET ABOUT REQUESTS FOR POLICE INCIDENT OR OFFENSE REPORTS

Information provided on this application must be accurate and complete. Please provide exact date, location, date reported to police, name of person(s) involved, nature of incident and district control number. District control number(s) can be obtained from the police district where incident occurred for the current year and the past year. Reports more than 5 years old are not attainable. Insufficient or vague information may result in a negative response.

Please retain this Fact Sheet, complete the attached 3-part form, and <u>mail all 3 parts to the Department of Records</u> with a \$25 processing fee. After the Department of Records receives the 3-part form, a numbered copy will be returned to you. Please retain the numbered copy for future reference.

Allow 10 to 12 weeks after receiving your numbered application to receive your report by mail. When inquiring about the status of your report, you must provide the application number shown on your copy.

## APPLICATIONS BY MAIL

Department of Records Incident Reports Room 167, City Hall Philadelphia, PA 19107 (215) 686-2266

## **INQUIRIES CONCERNING REPORTS**

Philadelphia Police Department Reports Control and Review Room 214 P.A.B., 8th and Race Street Philadelphia, PA 19106 (215) 686-1292

TO EXPEDITE SERVICE PLEASE SEND <u>2</u> SELF-ADDRESSED, STAMPED ENVELOPES. FEE \$25 — NOT REFUNDABLE MAKE CHECKS OR MONEY ORDERS PAYABLE TO "CITY OF PHILADELPHIA"

THANK YOU FOR APPLYING BY MAIL