



THE VILLAGE OF RIDGEWOOD POLICE DEPARTMENT
REQUEST FOR ACCESS TO POLICE DEPARTMENT
MOTOR VEHICLE CRASH REPORTS

Please fill in appropriate information below

Make sure to write clearly as we need the correct spelling to access the record

First Name _____ Last Name _____

Address _____ Town _____

Phone number _____ Cell Phone _____

EMAIL ADDRESS _____

REPORT /CASE NUMBER _____

*****OR*****

DATE OF CRASH _____ CRASH LOCATION _____

DRIVER NAME _____

A request for a copy of Crash Report should be submitted on this form, which has been adopted by the Custodian of the Records for requests related to Police Department Crash Records. Some records will be immediately available during normal business hours or within seven (7) business days.

Except as otherwise provided by law or regulation, the fee assessed for the duplication of a printed record shall be: \$0.05 per page and \$0.10 per page if redacted.

_____ **DO NOT WRITE BELOW THIS LINE** _____

Today's Date _____ Pages _____ Fee _____ Response Date _____

Signature _____