

**BLOOMSBURG POLICE DEPARTMENT  
REQUEST FOR POLICE REPORT**

(Please Print Legibly)

Date of Request: \_\_\_\_\_

**Requestor's Information**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Incident Information**

Incident #: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Investigating Officer: \_\_\_\_\_

The Bloomsburg Police Department reserves the right to refuse to disseminate information, which could hinder an investigation. Public access to criminal justice records is governed by the Criminal History Records Act set forth in the Pennsylvania Crimes Code, Title 18, Chapter 91 plus Title 37 PA Code Chapter 601.33.

If a written request is granted for the above requested report a fee of \$25.00 will be required upon receipt of the report. (Criminal Justice Agencies exempt) "Redaction" is the eradication of a portion of a document while retaining the remainder where the public record contains information subject to access as well as information not subject to access.

The Open Records Law as Amended (Act 3, 2008) is posted in the police department foyer, for Open Records reports contact Sgt. Lewis Carl, Bloomsburg Police Department, 119 East 7<sup>th</sup> Street, Bloomsburg, PA 17815.

1. Records Officer to obtain this request for records. (If the requester has no "property rights" to the report, Records may deny request).
2. Records Officer will forward report to investigating officer.
3. Investigating Officer to review report within 5 days, redact any information considered to be privileged or protected and not to be viewed by requestor.
4. Provide report back to Records Officer who will release report to requestor.

**-Police Department Use Only-**

I authorize the release of this report

I DO NOT authorize the release of this report

Investigating Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Records Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received: \_\_\_\_\_ Signature: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_  Cash  Credit Card  Check # \_\_\_\_\_  
(Fee: \$25.00)

Clerk: \_\_\_\_\_ CJ Agency – Fee Exempt \_\_\_\_\_

(This document to be placed into case file)