

**BLOOMSBURG POLICE DEPARTMENT
REQUEST FOR POLICE REPORT**

Print Legibly

Date of Request: _____

Requestor's Name: _____
(Print) (Signature)

Requestor's Address: _____

Requestor's Phone Number: _____

I am requesting the following police records: (circle type)

- Offense – Incident # _____
- Other: _____ (Identify type)

Date of Offense: _____

Location of Offense (if known): _____

Investigating Officer (if known): _____

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 Tracy Lanzafame, Town of Bloomsburg, 301 E 2nd Street, Bloomsburg PA 17815.

BELOW IS FOR POLICE DEPARTMENT USE ONLY

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.

_____ I authorize the release of this report

_____ I DO NOT authorize the release of this report

Investigating Officer: _____ Date: _____

Records Officer: _____ Date: _____

(This document to be placed into case file)

Date Received: _____ Signature: _____

Amount Paid: _____ Date Paid: _____ Clerk: _____ CJ Agency – Fee Exempt _____

Cash: _____ Check: _____ Credit Card: _____
(Fee: \$25.00)