



119 East 7th Street, Bloomsburg, PA 17815-1999
 Phone 570-317-2846 • Fax 570-317-2408 • www.bloompd.com
 Scott Price, Chief of Police

Incident Report Request

\$25 per Incident Report

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 7th 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.

-Bloomsburg Police 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 # _____

Clerk: _____ CJ Agency – Fee Exempt (This document to be placed into case file)