



Slatington – Police Dept.

125 South Walnut Street * Slatington, PA 18080-2099
Phone 610-767-2131 * Fax 610-767-7155

Report Request

DATE REQUESTED: _____

REQUEST SUBMITTED BY: _____ E-MAIL _____ U.S. MAIL _____ FAX _____ IN-PERSON

REQUEST SUBMITTED TO (Agency name & address): _____

NAME OF REQUESTER: _____

STREET ADDRESS: _____

CITY/STATE/COUNTY (Required): _____

TELEPHONE : _____ CELL PHONE: _____

**Provide as much specific detail as possible so the agency can identify the information. Please use additional sheets if necessary*

****PLEASE NOTE: RETAIN A COPY OF THIS REQUEST FOR YOUR FILES****

****IT IS A REQUIRED DOCUMENT IF YOU WOULD NEED TO FILE AN APPEAL****

FOR AGENCY USE ONLY

____ I have provided notice to appropriate third parties and given them an opportunity to object to this request

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE: