



NIAGARA

REGIONAL POLICE SERVICE

REQUEST FOR RECORDS FROM INSURANCE DESK

Agency Contact Name: _____
(If applicable)

Individual Involved: _____

Full Address: _____

Phone Number: _____

Incident Number: _____

Date of Incident: _____

Location where incident happened: _____

Signature: _____

For Office Use Only:

To be picked up at: District # _____

Notify when report is ready for pickup: yes _____ no _____

Ok to leave voicemail (if needed): yes _____ no _____

Incident report to be mailed to above address: yes _____ no _____

I.D. verified and copy attached: yes _____ no _____

Paid: yes (receipt #) _____

Clerk's name: _____ Member ID #: _____