









PALISADES PARK POLICE DEPARTMENT

PALISADES PARK, NEW JERSEY 07650

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HEADQUARTERS

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REQUEST FOR AN ACCIDENT/INCIDENT REPORT

TYPE OF REPORT	Incident Number:
ACCIDENT	
INCIDENT	
PLEASE TYPE OR PRINT CLEARLY	
NAME:	
ADDRESS:	
CITY:STATE:	ZIP:
DATE OF ACCIDENT/INCIDENT:	
TIME OF ACCIDENT/INCIDENT:	
LOCATION OF ACCIDENT/INCIDENT:	
PHONE NUMBER:	FAX NUMBER:
FEE SCHEDULE	

\$0.75 PER PAGE: 1-10 PAGES 11-20 PAGES \$0.50 PERPAGE:

21 PAGES OR MORE **\$0.25 PER PAGE:**

^{*}Copies requested to be mailed must have a self-addressed stamped envelope or pay postage. Price for postage will be determined by weight.

^{*}Copies of reports may be picked up Monday – Friday business hours 9:00am-4:00pm.