



Police Report Application

Applicant's Legal Name: _____ DOB: _____

Contact Number: _____ Contact Email: _____

Mailing Address: _____

Date/Time of Incident: _____ Incident Number: _____

Are you the Victim or Complainant in this matter? _____

Reason you require the Police Report? *(please select)*

Court Purposes

Civil Litigation

Insurance Claim

Personal Records

Other (please explain) _____

Applicant's Signature: _____ Date: _____

PAYMENT IS MADE AT THE ACCOUNT GENERAL CASHIER – located in Govt. Admin. Bldg.

Please note that there is a \$100.00 fee for this Police Report.

Proof of Payment (pink GOVT receipt) is due when submitting application.

Letters are mailed to the address on the application (if email is provided a scanned copy is sent via that medium as well).

Internal Use Only

Date Received: _____ Date Completed: _____

Notes: _____