APPLICATION FO	R SEARCH AND/OR	EXTRACT OF	FOR OFFICIAL USE ONLY
POLICE INCI	DENT OR OFFENSE	_	CITY OF PHILADELPHIA DEPARTMENT OF RECORDS
INSUFFICIENT, WRONG OR VAGUE INFORMATION MAY RESULT IN A INCORRECT REPORT OR NO RESPONSE			YOUR APPLICATION NUMBER IS:
PARTY REQUESTING REPORT (NAME OF APPL	LICANT)		
REPORT TO BE MAILED TO (COMPLETE ADDI-	RESS INCLUDING NAME, COMPANY, STREE	T ADDRESS AND ZIP CODE)	Nº
ADDRESS			APPLICATION DATE
CITY, STATE, ZIP CODE			TELEPHONE NUMBER OF APPLICANT
NAME OF PERSON INVOLVED/VICTIM/COMPLAIN POLICE, ETC.	ANT/OFFENDER OR PERSON WHO ACTUALLY	Y REPORTED THIS INCIDENT TO	FILE/CLAIM NUMBER (OPTIONAL)
TYPE OF OFFENSE OR INCIDENT (IF STOLEN/RECOVERED AUTO, LICENSE TAG NUMBER/STATE MUST BE GIVEN) POLICE DISTRICT CONTROL NUMBER (MUST BE GIVEN)			TIME OF OCCURRENCE
			DATE OF OCCURRENCE
EXACT STREET LOCATION WHERE INCIDENT OR OFFENSE OCCURRED (MUST BE IN PHILADELPHIA)			DATE REPORTED TO POLICE
PLEASE SEND 2 SELF-ADDRESSED STAMPED ENVELOPES.			
MAIL ALL CO	PIES ALONG WITH \$25.0	O FEE BUSINESS CHEC	K OR MONEY ORDER
FEE NOT REFUNDABLE FOR INQUIRIES, CALL POLICE DEPARTMENT AT 686-1292 — PLEASE ALLOW TEN TO TWELVE WEEKS AFTER RECEIPT OF NUMBERED PINK APPLICATION BEFORE MAKING INQUIRIES.			
IF YOU HAVE A DISABILITY AND REQUIRE AN ACCOMMODATION IN ORDER TO COMPLETE THIS FORM CONTACT 686-2266 FOR THE ADA COORDINATOR.			
82-47 Int. (Rev. 4/21) WHITE COPY—P	OLICE CANARY COPY—RECORD	S PINK COPY—RETURNED TO	APPLICANT AFTER NO. HAS BEEN ASSIGNED

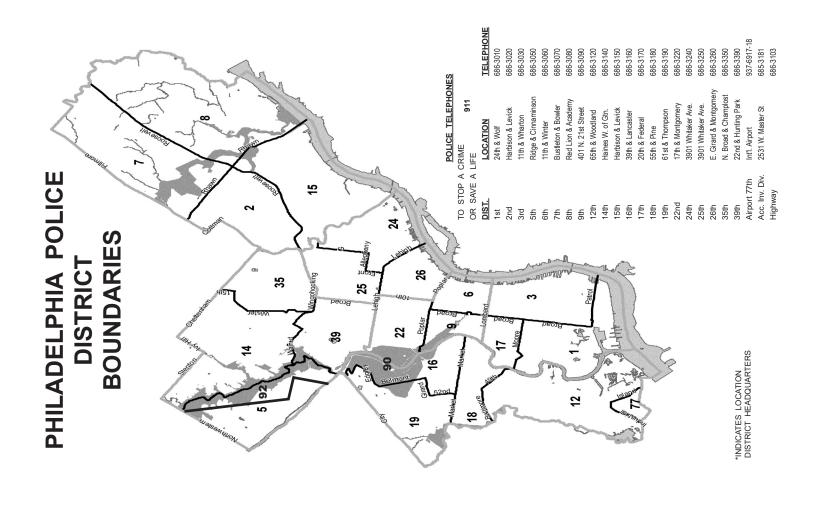
FOR OFFICIAL USE ONLY APPLICATION FOR SEARCH AND/OR EXTRACT OF CITY OF PHILADELPHIA POLICE INCIDENT OR OFFENSE REPORT DEPARTMENT OF RECORDS - PLEASE PRINT OR TYPE -YOUR APPLICATION NUMBER IS: INSUFFICIENT, WRONG OR VAGUE INFORMATION MAY RESULT IN A INCORRECT REPORT OR NO RESPONSE PARTY REQUESTING REPORT (NAME OF APPLICANT) REPORT TO BE MAILED TO (COMPLETE ADDRESS INCLUDING NAME, COMPANY, STREET ADDRESS AND ZIP CODE) Nº NAME ADDRESS APPLICATION DATE CITY, STATE, ZIP CODE TELEPHONE NUMBER OF APPLICANT NAME OF PERSON INVOLVED/VICTIM/COMPLAINANT/OFFENDER OR PERSON WHO ACTUALLY REPORTED THIS INCIDENT TO FILE/CLAIM NUMBER (OPTIONAL) POLICE, ETC. TIME OF OCCURRENCE TYPE OF OFFENSE OR INCIDENT (IF STOLEN/RECOVERED AUTO, POLICE DISTRICT CONTROL NUMBER (MUST BE GIVEN) LICENSE TAG NUMBER/STATE MUST BE GIVEN) A.M. P.M. DATE OF OCCURRENCE EXACT STREET LOCATION WHERE INCIDENT OR OFFENSE OCCURRED (MUST BE IN PHILADELPHIA) DATE REPORTED TO POLICE PLEASE SEND 2 SELF-ADDRESSED STAMPED ENVELOPES. MAIL ALL COPIES ALONG WITH \$25.00 FEE BUSINESS CHECK OR MONEY ORDER FOR INQUIRIES, CALL POLICE DEPARTMENT AT 686-1292 — PLEASE ALLOW TEN TO

IF YOU HAVE A DISABILITY AND REQUIRE AN ACCOMMODATION IN ORDER TO COMPLETE THIS FORM CONTACT 686-2266 FOR THE ADA COORDINATOR.

F

FEE NOT REFUNDABLE

TWELVE WEEKS AFTER RECEIPT OF NUMBERED PINK APPLICATION BEFORE MAKING INQUIRIES.



CITY OF PHILADELPHIA • DEPARTMENT OF RECORDS

FACT SHEET ABOUT REQUESTS FOR POLICE INCIDENT OR OFFENSE REPORTS

Information provided on this application must be accurate and complete. Please provide exact date, location, date reported to police, name of person(s) involved, nature of incident and district control number. District control number(s) can be obtained from the police district where incident occurred. Insufficient or vague information may result in a inaccurate or no report response.

Please retain this Fact Sheet, complete the attached 3- part form application, or and <u>mail to the Department of Records</u> with a \$25 processing fee. After the Department of Records receives the 3- part form, a numbered copy will be returned to you. Please retain the numbered copy for future reference.

Allow 10 to 12 weeks after receiving your numbered application to receive your report by mail. When inquiring about the status of your report, you must provide the application number shown on your copy.

APPLICATIONS BY MAIL

Department of Records Incident Reports Room 170, City Hall Philadelphia, PA 19107 (215) 686-2266

INQUIRIES CONCERNING REPORTS

Philadelphia Police Department Reports Control and Review Room 214 P.A.B., 8th and Race Street Philadelphia, PA 19106 (215) 686-1292

TO EXPEDITE SERVICE PLEASE SEND <u>2</u> SELF-ADDRESSED, STAMPED ENVELOPES. FEE \$25 - NOT REFUNDABLE

MAKE BUSINESS CHECKS OR MONEY ORDERS PAYABLE TO "CITY OF PHILADELPHIA"