



Clayton Police Department
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Dennis R. Marchei
Chief of Police

RECORD REQUEST FORM

DATE _____
NAME _____
ADDRESS _____
PHONE # _____
CASE NUMBER IF KNOWN _____

FEES

PAGES 1 - 10 \$.75@
PAGES 11- 20 \$.50@
PAGES 21 - ? \$.25@
Reports Mailed \$5.00
Photo's 4/page \$1.00
Photos on CD \$5.00
TOTAL DUE _____

ACCIDENT REPORT

DATE OF ACCIDENT _____
NAME OF PERSON INVOLVED IN ACCIDENT _____
ADDRESS _____
LOCATION OF ACCIDENT _____
DATE RECEIVED _____ DATE CALLED _____ DATE RELEASED _____

INCIDENT REPORTS

DATE OF INCIDENT _____
TYPE OF INCIDENT _____
DESCRIBE INCIDENT _____

ADMINISTRATIVE SECTION

DATE PAID _____ AMOUNT PAID _____ RECEIVED BY _____
(circle one) Check/cash