

Lawrence Township Police Department

David Brown
Chief of Police

Records Request Form

Date of Request: _____

Person Requesting (Optional): _____

Date of Incident: _____

Location of Incident: _____

Person(s) Involved: _____

Type of Report:

Criminal or Civil _____ Accident _____ Dash or Body Camera _____ Photos _____

Other (Please Specify): _____

Method of Delivery:

Will pick up when ready: _____ Phone number to be notified at: _____

Faxed: _____ Fax Number: _____

Emailed: _____ Email Address: _____

Date request fulfilled: _____

Person fulfilling request: _____

David Brown
Chief of Police
Lawrence Township