

# PARSIPPANY TROY HILLS POLICE DEPARTMENT POLICE REPORT REQUEST

NAME: \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_  
(Not Required)

TYPE OF REPORT REQUESTED: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

NAME OF PERSON(S) INVOLVED: \_\_\_\_\_

NAME OF POLICE OFFICER (If Known): \_\_\_\_\_

IN ACCORDANCE WITH THE OPEN PUBLIC RECORDS ACT (OPRA), ALL REPORTS THAT ARE RELEASED TO THE PUBLIC FROM THE POLICE DEPARTMENT MUST BE REDACTED TO PREVENT IDENTITY THEFT. THE ITEMS LISTED BELOW WILL BE BLACKED OUT FROM A COPY OF THE REPORT.

1. DRIVERS LICENSE NUMBER
2. DATE OF BIRTH
3. BANK ACCOUNT NUMBERS
4. SOCIAL SECURITY NUMBERS
5. HOME OR CELL PHONE NUMBERS
6. JUVENILE NAMES
7. MEDICAL INFORMATION
8. CREDIT CARD NUMBERS

Fees for copying Police Records established by Ordinance # 02:36 are as follows:

IN PERSON: 1-10 pages @ \$0.75/page, 11-20 pages @ \$0.50/page, 21+ pages @\$0.25/page

MAILED: up to 3 pages @ \$5.00 and \$1.00 for each additional page