

REQUEST FOR REPORT  
MIDDLESEX BOROUGH POLICE DEPARTMENT  
RECORDS BUREAU – (732) 356-1900 Ext 230 OR 231

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
STREET: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CITY/ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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**ACCIDENT REPORT #:** \_\_\_\_\_

WERE YOU INVOLVED IN THE ACCIDENT? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF NOT, WHO WAS? \_\_\_\_\_

**INCIDENT REPORT #:** \_\_\_\_\_

WERE YOU INVOLVED IN THE INCIDENT? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF NOT, WHO WAS? \_\_\_\_\_

IF YOU DO NOT HAVE A REPORT NUMBER, DESCRIBE THE REPORT YOU WOULD LIKE. INCLUDE NAMES, ADDRESSES, AND DATES.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE:** YOU MUST PROVIDE A COPY OF A VALID I.D. FOR EACH REQUEST

(COPY OF DRIVER'S LICENSE, PASSPORT, ETC.)

***BY SIGNING BELOW, I CERTIFY THAT I AM THE NAMED PERSON ON THIS FORM MAKING THIS REQUEST.***

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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Municipal USE ONLY

\_\_\_\_\_  
Municipal Official

\_\_\_\_\_  
Date Completed

I.D. CHECKED

REPORT TRANSMITTED VIA: EMAIL MAIL DATE: \_\_\_\_\_ NOTES: \_\_\_\_\_