

IMPORTANT:

Read thoroughly

Report Request

Pendleton Police Department
622 Airport Road, Pendleton, OR 97801

Case: _____

Incident: _____

Please provide the following information. If available, the report can be picked up at the Police Department Monday-Friday 8 a.m.-5 p.m. It can be faxed, mailed or e-mailed if you provide a mailing address, fax number or e-mail address. If you provide a stamped, self addressed envelope. **If not available** we will notify you by phone. ***Required field**

***Agency / Person Requesting Report:** _____

***Street Address:** _____ **Home** _____

or **E-Mail:** _____ **Fax** _____

***Type of Incident:** _____

***Date of Occurrence:** _____ **Time (if known)** _____

***Location:** _____

Persons Involved: _____

Addtl. Info: _____

Call when available

Fax / E-Mail when available (circle option)

Signature of person requesting report

OFFICE USE ONLY

Request Received by PD, Date: _____ Time: _____ By: _____ Cost \$ _____

Copies sent/released to agency/person Date: _____ Time: _____ By: _____

Form 73a

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Form 73a