

CHELTHENHAM TOWNSHIP POLICE DEPARTMENT REPORT AND INFORMATION REQUEST FORM

TODAY'S DATE: _____

SUBMITTED BY: E-MAIL U.S. MAIL FAX IN-PERSON PHONE

NAME OF REQUESTOR/COMPANY: _____

STREET ADDRESS: _____

CITY/STATE/ZIP (Required): _____

COUNTY: _____

TELEPHONE: (Home) _____ (Cell) _____

Email Address: _____ @ _____

RECORDS REQUESTED: (please PRINT clearly; illegible requests may be denied)

**Provide as much specific detail as possible. Please include names, dates, report numbers, locations, etc.
\$15.00 Payment in the form of a check or money order, made Payable to Cheltenham Township, must accompany all requests for accident reports

ACCIDENT REPORTS: can only be released to parties involved in the accident, their attorney or insurer. Please indicate below your involvement with the requested accident report.

Form completed by: Requestor Officer (Badge #) _____

Preferred media of response? Choose 1 only: Email, U.S Mail CD/DVD Printed for pick up
Accident reports emailed will also be followed up with a hard copy sent via U.S. Mail
(All forms of media may not be available)

To be completed by Administrative Services Division

RECEIVED BY: _____

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5)-DAY RESPONSE DUE:

RESPONSE: Approved Extension requested Partially Granted Denied
 Record No Longer Exists

Open Records Officer: Lt. John Weed
Administrative Services Division
Cheltenham Township Police Department
8230 Old York Road
Elkins Park, PA 19027
Phone: (215) 885-1600 Email: policeopenrecords@cheltenham-township.org