St. Albans Police Department

142 South Main Street St. Albans, VT 05478 (802)524-2166

REQUEST FOR AN INVESTIGATIVE POLICE REPORT

REQUESTOR INFORMATION Name: _______Date of birth: _____ Address: _____ City: _____ State: _____ Zip code: _____ Phone #: _____ Email (For electronic release of records): **INCIDENT INFORMATION** Date of incident/case number(s): Location: Peron(s) involved: Relationship to case (circle applicable) General Incident(s) Law Firm Insurance Victim Family Accused request/other Member Company Reason for request: Report types & fees *Police Reports - \$15.00 Each ** Accident Reports - \$15 ** Videos/photos - \$45 per incident * I understand and agree to pay any fees charged by the St. Albans Police Department. Checks or money orders should be made payable to the CITY OF ST. ALBANS. Online payments can be made at stalbansvt.com

1

Date

Signature