

# West Goshen Township Police Department



**MICHAEL P. CARROLL**  
*Chief of Police*

**JUSTIN E. DIMEDIO**  
*Captain*

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**MICHAEL J. COTTER**  
*Lieutenant*

## Police Report Request Form

Date: \_\_\_\_\_

Dear Sir/Madam:

Please complete the following request for a copy of a police report, please be advised as follows:

The fee for a copy of a police report from this police department is \$15.00. Please return this request form, along with a check payable to **West Goshen Township** in the amount of \$15.00.

Report or incident number: \_\_\_\_\_

Date & Time of Incident: \_\_\_\_\_

Reporting Officer Name or Badge #: \_\_\_\_\_

Location of Incident: \_\_\_\_\_  
Street # and Street Name

Nature of Incident: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Requestor's Phone Number/Email: \_\_\_\_\_

Requestor's Relation to Incident: \_\_\_\_\_

**Please note:** If the incident is open for further investigation or completion, your request will be delayed or returned.

Your return of this completed request, along with payment, will enable us to expedite our reply to you.

### **FOR DEPARTMENTAL USE ONLY**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved

Denied