

AVALON POLICE DEPARTMENT

3000 Dune Drive · Avalon, N.J. 08202 Phone (609) 967 - 3411 Fax (609) 368 - 0114 www.avalonpolice.org



Jeffrey Christopher Chief of Police Sean McNair Captain of Police

REQUEST FOR REPORTS, DOCUMENTS OR DISCOVERY

Please fill in the form below, if you are involved in the incident, **INCLUDE A COPY OF YOUR ID**. If you are **NOT** involved in the incident you will need to fill out an **OPRA** form. The form can be mailed to the Police Records Bureau, e-mailed to **policerecords@avalonboro.org** or returned to Police Records, located in the Police Headquarters Monday – Friday 8:30am – 4:00pm excluding legal holidays. The information requested will be e-mailed to you when completed at no charge. If you wish to have it mailed or picked up at the Police Department there will may be a charge. **PLEASE PRINT CLEARLY**

TYPE OF INCIDEN	T:	INCIDENT REPORT #, IF KNOWN:
DATE OF INCIDEN	VT:OFFIC	ER INVOLVED:
NAME OF VICTIM	/DEFENDANT:	
REQUESTORS NAME:PHONE:		PHONE:
ADDRESS:		
CITY/STATE/ZIP: _		
DATE OF APPLICA	ATION:	
E-MAIL ADDRESS		
HOW ARE YOU IN	VOLVED	
Check number		Received by:
	Make check paya	ble to: Borough of Avalon
	FEE	SCHEDULE
ALL REPORTS:	\$.05 per page for each co	opied page (Plus at least \$1.00 postage/handling)
PHOTOS: RECORDINGS:		

