



# LEHMAN TOWNSHIP POLICE DEPARTMENT

1183 OLD 115 Hwy., DALLAS PA 18612 Phone- (570) 675-1483 - email-police@lehmantwp.com

## Police Report Request Form

Lehman Township Police Department  
Attn: Police Records  
1183 Old 115 Hwy., Dallas PA 18612

I am requesting access to records of the Lehman Township Police Department. I am aware that I will be required to pay \$15.00 per incident report for information received. **Crash reports** are available online at [www.crashdocs.org](http://www.crashdocs.org) for a fee of \$15.00. Cash is not accepted.

Name of Requestor: \_\_\_\_\_  
*(Please print) First, M.I., Last*

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

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ or \_\_\_\_\_

**Please identify each of the documents that you are requesting. Your request should identify the documents with sufficient specificity so that department personnel can determine whether these documents are in our possession and how to locate them:**

INCIDENT DATE: \_\_\_\_\_

INCIDENT TYPE: \_\_\_\_\_

INCIDENT LOCATION: \_\_\_\_\_

INVOLVED PERSON: \_\_\_\_\_

**I am aware that my signature and photo ID are required to obtain the requested information. I acknowledge that by signing this document I am subject to the provisions of PA Crimes Code sections: 4903 (False Swearing), 4904 (Unsworn falsification to authorities) and other related sections. I understand a request for police report(s) may be denied. I also understand that any reports received may have redacted sections and information to protect those involved.**

\_\_\_\_\_  
(Signature)

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### For Office Use Only

ID Presented: \_\_\_\_\_

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

**Status:**

- Access Granted
- Denied
- Review

Letter Sent to Requestor: \_\_\_\_\_  
*(Date sent and Attached to Request)*