



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 / Chief of Police
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 \$20.00 per incident report for information received. **Crash reports** are available online at www.crashdocs.org for a fee of \$15.00. Payments can only be made to the township Secretary.

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)

For Office Use Only

Incident #: _____

Date Received: _____

Status:

- Access Granted
- Denied
- Review

Valid ID presented: _____
(Date sent and Attached to Request)