



NORTH COVENTRY TOWNSHIP POLICE DEPARTMENT

RIGHT-TO-KNOW REQUEST FORM

845 South Hanover Street

Pottstown, PA 19465

P 610-323-8360 F -610-326-2925

REQUESTOR'S INFORMATION:

Name: _____

Address: _____

Phone: H: () C: () _____

REPORT INFORMATION:

Incident Date: _____

Incident Number: _____

Type of Incident: _____

Person(s) Involved: _____

Delivery method Preferred:

In Person

Fax

Mail

Payment Method:

Cash

Check #

Money Order

Signature of Requestor: _____

Mail the completed form to North Coventry Township Police Department at the address provided above. Along with this form you will need a self-addressed, postage paid envelope and a check or money order **ONLY** made payable to: *North Coventry Township Police Department*. All accident reports are \$15.00 each. Incident reports are \$.25 per page. Only forms completed in their entirety will be sent out via mail per your request. Should you not provide an envelope or neglect to complete this form properly; your request will be denied.

FOR OFFICE USE ONLY

Date Received: _____ Incident Number: _____ Date Sent: _____ Initials: _____