



SPRINGFIELD POLICE DEPARTMENT

201 Clinton Street
Springfield, VT 05156
(802)885-2113 FAX (802)885-2235

Chief of Police: Douglas S. Johnston

REQUEST FOR POLICE REPORT

DATE: _____

TO: SPRINGFIELD POLICE DEPARTMENT

FROM: _____ PHONE: _____

Address: _____

Please Provide the following information (check one): Accident Incident

Date incident occurred on: _____ Springfield PD Report # (if known): _____

Person(s) Involved: _____

Requester' Relationship to Case (check one): Party Involved

Insurance Investigator Attorney Representing Party Involved

Other (explain): _____

Signature of Person Making Request

For Department Use Only:

Report Provided By _____ (Signature)

Report Not Provided Due to:

Juvenile party involved Requestor Advised to Submit Subpoena