

KENNEBUNK POLICE DEPARTMENT

REQUEST FOR ACCIDENT REPORT

PLEASE ALLOW A PERIOD OF FIVE (5) BUSINESS DAYS, FROM DATE OF ACCIDENT, TO PASS BEFORE MAKING REPORT REQUEST!!

**** ONCE COMPLETED, THIS FORM MAY BE BROUGHT DIRECTLY TO THE KENNEBUNK POLICE DEPT. OR MAILED TO:**

Kennebunk Police Dept., Attn: Records Div., 4 Summer St., Kennebunk, ME 04043

PLEASE INCLUDE WITH THIS REQUEST A PERSONAL CHECK OR MONEY ORDER IN THE AMOUNT OF \$15.00 MADE PAYABLE TO THE KENNEBUNK POLICE DEPARTMENT. WE DO NOT ACCEPT CASH.

Within five (5) business days from the date on this form, the Administrative Assistant will contact you between 8am and 4pm with the status on the availability of the report.

PLEASE PRINT CLEARLY

Today's Date: _____ **Daytime #:** _____

Your Name: _____ **Date of Accident:** _____

Time of Accident: _____

Location of Accident (Street Name(s)): _____

If Request Being Made by Person Other Than Involved Party, Please List Name(s) Appearing on Accident Report: _____

WILL YOU BE PICKING UP THE REPORT AT THE STATION OR LIKE IT MAILED TO YOU? PICKING UP: _____ PLEASE MAIL: _____

IF REQUEST MAILING:

Name: _____

Street / Box #: _____

City / State / Zip: _____