

**AUBURN POLICE DEPARTMENT**

**POLICE REPORT REQUEST FORM**

**REPORT FEE: \$.25 per page**

**PICTURE ID WILL BE REQUIRED TO CLAIM FORMS (NO EXCEPTIONS)**

**PLEASE PRINT:**

Date Submitted: \_\_\_\_\_

Name of Person Requesting and Claiming the Document(s): \_\_\_\_\_

Residence (complete address): \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Daytime Contact Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Is your name mentioned on the report requested?  Yes  No

Date of Report: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Complaint # (if known): \_\_\_\_\_

Address of Incident: \_\_\_\_\_

Reporting Officer(s) (if known): \_\_\_\_\_

Other names on the report requested (if known):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Document:

Motor Vehicle Accident  Domestic  Burglary/Larceny  Arrest  Other \_\_\_\_\_

Relationship to the Document requested:

Victim  Complainant  Suspect/Defendant  Parent/Guardian (proof of guardianship may be requested)

Driver  Owner of Vehicle  Witness  Other: \_\_\_\_\_

Reason for your request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requester's Signature: \_\_\_\_\_

**RECORDS USE ONLY:**

ID Verified

Initials: \_\_\_\_\_

Fee Received \$ \_\_\_\_\_

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City of Auburn Police Department  
Records Department  
46 North Street  
Auburn, New York 13021  
P: (315)-255-4723 or (315)255-4700  
F: (315)-255-0022  
[records@auburnny.gov](mailto:records@auburnny.gov)

As soon as your request is ready, you will be contacted by someone from the Records Office. This may take up to two weeks from the date of the report. Records Office hours are Monday-Friday 7:00 a.m. until 3:00 p.m. If further information is required, you will be contacted.  
**Picture ID will be required (no exceptions).**  
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MVA Reports are also accessible from [crashdocs.org](http://crashdocs.org) (5-7days after incident). Report# required.