



Metropolitan Transportation Authority
POLICE DEPARTMENT
RECORDS SECTION
REQUEST FOR POLICE REPORT



**In order to find the record you are requesting you MUST furnish all required information.
 Verification of your request cannot be made without this information.
 There is NO fee for copies of Police Reports.**

Complaint #: _____ Date Reported to Police: _____ Time Reported (if known): _____

Date of Incident (if different): _____ Time of Incident: _____

Exact Location of Incident: _____

Full Name of Complainant/Victim: _____

Name of Officer who generated report: _____

Full Name of Person Requesting Record: _____

Relationship to Complainant/Victim: _____

This Report Concerns: Crime <input type="checkbox"/> Lost Property <input type="checkbox"/> Other (Please Describe) <input type="checkbox"/>	Description: _____ _____ _____ _____
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Please list your comments/concerns and/or involvement with this case: _____

Please provide any additional information which may aid in searching for your record: _____

Requestor's Name (printed):	Signature:	Date: / /
Daytime Telephone #:	PLEASE MAIL THIS COMPLETED FORM TO: METROPOLITAN TRANSPORTATION AUTHORITY POLICE DEPARTMENT RECORDS SECTION 420 Lexington Avenue, Suite 425 NEW YORK, NY 10170	
E-Mail Address:		
Address:		

This section is for use by the Records Section Only: