

**Forks Township Police Department
1604 Sullivan Trail
Easton, PA 18040
610-252-0377
610-252-5285 fax**

RECORD REQUEST FORM

Date _____

Name _____

Address _____

Phone Number _____

Description of Records/Incident/Accident

Number _____

Fees:

Incident Report **\$10.00**

Accident Report **\$15.00**

Signature _____

