

CITY OF MONTEREY PARK

POLICE DEPARTMENT

320 West Newmark Avenue • Monterey Park • California 91754-2896
(626) 307-1221 www.montereypark.ca.gov



_____ Jim Smith _____

_____ Chief of Police _____

Police Report Copy Request

Date: _____

Incident Date: _____ Report File Number: _____

Type of Incident: _____

Occurrence Location: _____

Involved Vehicle(s) License Plate Number(s): _____

Victim or Involved Party Name: _____

Victim or Involved Party Address: _____
No. and Street City State Zip Code

Requestor Name: _____ Daytime Phone: (____) _____

Requestor Address: _____
No. and Street City State Zip Code

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FOR OFFICE USE ONLY

Date Picked/Mailed: _____

Amount Paid: _____

Number of Pages Released: _____

Name and I.D. of Person Releasing Report: _____