



CITY OF HAGERSTOWN MARYLAND

DEPARTMENT OF POLICE
50 N. Burhans Blvd.

21740-4696

Non-Emergency 301-790-3700
Emergency 301-739-6000
Fax 301-733-5513

CALLS FOR SERVICE/INCIDENT REPORT REQUEST

Enclose \$5.00 by check or money order made out to *The City of Hagerstown* for each report requested. The information will be mailed out to the name listed below. The name must be either someone directly involved with the requested paperwork, or someone representing a person directly involved. **Requests are mailed or faxed.**

NO EXCEPTIONS WILL BE MADE!!

PLEASE FILL IN AS MUCH INFORMATION AS POSSIBLE

INCIDENT # _____ DATE OF CALL: _____

Name of Person Involved: _____

Relationship To Person Involved: _____

Address or Location of Call: _____

Approximate Time of Incident: _____

Nature of Call: _____

Copy Of Report Will To Be Mailed Or Faxed To:

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

Rev:02/16/07

