

**NEW JERSEY STATE PARK POLICE
RECORDS REQUEST FORM**

Area: _____

Incident: _____

Date of Incident: _____ CLIC _____

Name of Involved Party: _____

Address: _____

Phone Number: _____

PHOTOCOPING/MICROFILM REPRODUCTION
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First page to tenth page. \$0.75 per page
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Pages 7 to 12. . \$0.65	Pages 18 to 20 . . \$1.10

MOTOR VEHICLE ACCIDENT REPORT \$5.00
(Postage Included)

I am aware that there is a charge for copies. The type of report or number of pages cannot be determined. I will remit payment upon receipt of bill.

My check in the amount of _____ is enclosed.

No Cash - Make Check Payable to: **Treasurer, State of New Jersey**

Mail request to the following address:

New Jersey State Park Police
501 East State Street – 4th Floor
CN 404
Trenton, New Jersey 08625

Phone: (609) 292-4744
Fax: (609) 633-7594