



## Incident Report Request Form

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

OCA/Report No. \_\_\_\_\_ Date/Time of Occurrence: \_\_\_\_\_

Name of Party Listed in Report, if not requestor: \_\_\_\_\_

Type of Incident: \_\_\_\_\_

Location of Occurrence: \_\_\_\_\_

Your interest in this incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate how you would like to receive the requested incident report. (allow 3-5 business days from the date of your request for processing);

- US Mail (This request requires a self-addressed envelope for your report to be processed.)
- Email: \_\_\_\_\_
- Pick-up from the Beaufort County Sheriff's Office at 210 N. Market Street, Washington, NC 27889, Monday – Friday (8:00am-5:00pm), closed weekends and holidays. Please call (252)946-7111 to confirm your report for pick-up.

**\*\*Please allow 3 to 5 business days for incident report request to be completed.**

\_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Date

**Internal Use Only:**

Date Requested Received: \_\_\_\_\_

Date Person Notified: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Date Provided/Mailed: \_\_\_\_\_

Request:  Approved  Denied