

**SARNIA POLICE SERVICE
OCCURRENCE REPORT REQUEST**

INCIDENT REPORT / MOTOR VEHICLE COLLISION REPORT

ALL REQUESTS MUST BE PAID FOR IN ADVANCE BY CASH OR DEBIT

DATE OF INCIDENT: _____

OFFICER: _____

REPORT NUMBER: _____

REPORT LOCATION: _____

REPORT DETAILS: _____

APPLICANT: _____

MAILING: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

Fee Paid Yes No

Receipt # _____

Date of Request: _____

Received by: _____

Requests to pick up reports at police headquarters will only be held for 24 hours once the applicant has been notified that the request is complete. After 24 hours the report will be mailed to the address shown on the application form.