



# ALMONT POLICE DEPARTMENT

Daniel Willis, Chief of Police  
David Repshas, Administrative Sergeant

817 NORTH MAIN STREET, ALMONT MI 48003 • PHONE (810) 798-8300 • FAX (810) 798-2733

## ACCIDENT REPORT REQUEST FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

INCIDENT NO.: \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

NAMES OF DRIVER(S): \_\_\_\_\_

Please include with your completed request form a check in the amount of \$5.00 made out to the Village of Almont. You can also bring this form and your check with you to receive a copy of your accident report in person between the hours of 8:00 a.m. and 1:00 p.m. Anything brought after office hours will be processed on the following day.

If you are requesting this report via the mail, please include with your complete request form a check in the amount of \$5.00 made out to the Village of Almont and a self-addressed stamped envelope, and mail to:

Almont Police Department  
Attn: Accident Report  
817 N. Main St.  
Almont, MI 48003

- **Request by mail will not be honored without a self-addressed stamped envelope.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Date Completed