

Independence Police Department

23688 Adams Street
P.O Box 189
Independence, WI 54747



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Fax: (715) 985-2530
indpd@tcc.coop

Report Request

Today's Date: _____

Independence Police Department Policy:

Reports in which the investigation is either on-going or criminal charges are pending **CANNOT** be released. Police Report fee **MUST** be paid prior to release of record.

I AM REQUESTING:

_____ Accident Report:
Accident Date: _____
Driver's Name: _____

_____ Incident Report:
Incident Date: _____

Did the accident or incident happen in the city: ___ YES ___ NO

Location of Accident or Incident: _____

_____ I HAVE paid \$ _____ for this report
_____ I WILL pay \$ _____ when I pick up the report

_____ I will **PICK UP** the report
_____ **PLEASE CALL ME:** () _____ Or () _____

_____ Email Address: _____

_____ **PLEASE MAIL REPORT** to the following address:

COMMENTS: _____

SIGNED: _____

PRINT NAME: _____