



SARNIA POLICE SERVICE

OCCURRENCE REPORT REQUEST: INCIDENT REPORT/MOTOR VEHICLE COLLISION REPORT

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

Incident Information

Date of Incident: _____

Officer: _____

Report Number: _____

Report Location: _____

Report Details

Applicant Information

Applicant Name: _____

Mailing Address: _____

Phone Number: _____

Email: _____

Electronic copy: *An electronic copy may be requested in addition to a paper copy for no extra fee.*

Paper copy : *Standard fees still apply to electronic-only requests.*

Paper Copy Policy

- *Paper copies will be sent to the applicant at the above address via Canada Post.*
- *Requests to pick up reports at the Sarnia Police headquarters will only be held for 1 business day once the applicant has been notified that the request is complete.*
- *After 1 business day, the report will be mailed to the address shown on the application form.*

POLICE USE ONLY

Date of Request: _____

Receipt Number: _____

Received by: _____