



Fayetteville Police Department
Request for Police Reports
 100-A W. Rock Street
 Fayetteville, Arkansas 72701
 (479) 587-3555

Print Requestor's Name: _____
Requestor's Day Phone: _____
Date of Request: _____

When requesting police reports, the following specific information is needed to ensure that the correct report is created for you from our files. Please direct any questions you may have to the Police Department Records Division at (479) 587-3565 during regular business hours of 7:00 am to 6:00 pm, M-F.

Place the number of copies in the box to the left of the type of report requested:

Qty.			
<input type="checkbox"/>	Accident Report	\$10.00 per copy	\$ _____
<input type="checkbox"/>	Parking Lot / Delayed Accident Report	\$2.00 per copy	\$ _____
<input type="checkbox"/>	Arrest Report	\$2.00 per copy	\$ _____
<input type="checkbox"/>	Case Report	\$2.00 per copy	\$ _____
	Total Submitted (Check or Money Order Only)		\$ _____

Checks must be payable to Fayetteville Police Department. Mail to:
 100-A W. Rock St, Fayetteville, AR 72701 and enclose a self-addressed, stamped envelope.

INCIDENT INFORMATION:

NAME: (Driver, Victim or Suspect) _____

Note: On an accident report, the name listed on the driver's license will most likely be used.

DATE OF BIRTH: (mm/dd/yyyy) _____

DRIVER'S LICENSE INFORMATION: State: _____ Number: _____

LOCATION OF INCIDENT / ACCIDENT: (specify street address, intersection, or nearest cross street) _____

DATE AND TIME OF INCIDENT / ACCIDENT: _____

Note: Some cases will not be released due to on-going investigations or pending arrests. Juvenile name(s) may not be included depending on the type of report requested.