

**MONTCLAIR STATE UNIVERSITY POLICE DEPARTMENT**  
**OPRA Request for Copy of Police Report**

**Direction:** The attached form contains important information related to your rights to request department records. Please read carefully. All information **MUST** be **provided and printed clearly** the request can be denied.

**Please Print Clearly: Requestor Information**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Preferred Delivery: Pick Up \_\_\_\_\_ US Mail \_\_\_\_\_ E-Mail \_\_\_\_\_

\*E-Mail \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Record Requested**

To expedite your request be as specific as Possible.

**To fax your request send it to MSU Police Department Records Bureau at 973-655-4049.**

Incident/Report: \_\_\_\_\_

Date of occurrence: \_\_\_\_\_ Case Number (if known): \_\_\_\_\_

Location on campus: \_\_\_\_\_

**Payment Information:**

Fees: Letter Size \$0.05 per page

US Mail cost of a 1<sup>st</sup> class stamp

Extraordinary service fees  
dependent upon the request.

***(Do Not Fill Out: Custodian Only)***

Total # of Pages # \_\_\_\_\_

Postal Cost \$ \_\_\_\_\_

Maximum  
Authorized Cost \$ \_\_\_\_\_

Cash \_\_\_\_\_ Check \_\_\_\_\_

**Officer Receiving Request:**

Name: \_\_\_\_\_

Badge #: \_\_\_\_\_

**Department Use Only**

**Disposition Notes:**

If any part of request cannot be  
delivered in 7 days detail reason  
here or on back for form.

\_\_\_\_\_  
**Custodian Signature**

\_\_\_\_\_  
Date

**State Use Only**

Received by Records

Date \_\_\_\_\_

Completed/ Other

Date \_\_\_\_\_

**Status of request:**

Denied – Closed \_\_\_\_\_

Filled – Closed \_\_\_\_\_

Partial – Closed \_\_\_\_\_