

Requests for all reports and visual media shall only be honored after this form has been completed. When complete, submit this form to the Upper Southampton Township Police Department either in person, by mail or email. Requests may require payment or prepayment of fees. Payment is still necessary even if accompanied by a valid subpoena for appropriate service.

The Police Department does not process anonymous request.

Please make checks payable to **Upper Southampton Township.**

Requestor: (must complete this section)

Name:		Signature:	
Address:			
Phone#:	Cell#:	Fax#:	
Email:			

Request Information:

Date of Request:	Submitted:	<input type="checkbox"/> In-Person	<input type="checkbox"/> U.S. Mail	<input type="checkbox"/> Fax	<input type="checkbox"/> E-Mail
Incident Report Number(s):					
If unknown, indicate date, location and type of incident(s):					
Incident report or visual media requested: <input type="checkbox"/> Incident Report(s) <input type="checkbox"/> Photographs <input type="checkbox"/> Photos on CD or DVD					
Number of copies requested:					
Notes:					

Reports / Visual Media Prices:

The below prices reflect the most common report request:

Incident Reports: \$0.25 per page	Photos on a CD or DVD: \$50.00
Photographs: \$15.00 per page (4 photos per page)	Postage Fee: Actual Cost of Mailing Records

Approval and Appeal Process:

Please ensure you allow enough time for your request to be processed and sent out. Normal requests take 5 business days to be processed. If your request is denied, you have a right to appeal within 15 days. Please refer all appeal requests to the **Bucks County District Attorney's Office, Attn: Open Records Appeal Officer**. If your request is denied for any reason, your money will be mailed back to you. **Note:** Most requests that are denied are usually done so on the grounds that the information is investigative or sensitive in some way as outlined by the PA Right to Know Law.

Department Use Only:

Date Request Received:		Received by:	
Request Approved: <input type="checkbox"/>	Initial/Date:	Fee Amount:	
Date Record(s) Sent:		<input type="checkbox"/> In-Person <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-Mail	
Request Denied: <input type="checkbox"/>	Initial/Date:	Reason:	