U.S VIRGIN ISLANDS POLICE DEPARTMENT
POLICE (1A) REPORT REQUEST

COMPLAINANT/VICTIM NAME:

LAST	FIRST	MIDDLE

REPORT No. (IF Known):

LOCATION OF INCIDENT:

DATE INCIDENT WAS REPORTED:

TYPE OF INCIDENT:

POLICE OFFICER, IF KNOWN:

Signature of Applicant (Requesting this record check)_____Date: _____
Email:_____ Phone #:_____

Note: CRIME REPORTS ARE RELEASED ONLY TO THE FOLLOWING:

1	COMPLAINANT	IDENTIFICATION IS REQUIRED
2	REPORTING PERSON	
3	VICTIM	
4	OWNER OF PROPERTY	

NUMBER OF COPIES NEEDED:

PURPOSE OF THIS REQUEST:

SIGNATURE:

DATE REQUESTED:

DATE VERIFIED BY:

1A-COPY FEE ($10.00) **PAID** **NOT PAID**

Please PRINT all information clearly and legibly and make sure that all information is correct

THANK YOU FOR YOUR COOPERATION

1A-AUG1-2020