



Almont Police Department

817 N. Main Street, Almont MI 48003
(810)798-8300 Fax (810) 798-3397

Andrew Martin
Chief of Police

**ACCIDENT REPORT
REQUEST FORM**

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ WORK: _____ CELL: _____

INCIDENT # _____ DATE OF INCIDENT: _____

LOCATION OF INCIDENT: _____

NAMES OF DRIVER(S): _____

Please include with your completed request form a check in the amount of \$5.00 made out to the Village of Almont. Bring this form and your check with you to receive a copy of your accident report in person.

If you are requesting that your request be honored by mail, please include with your completed request form a check in the amount of \$5.00 made out to the Village of Almont and a self-addressed stamped envelope, and mail to:

Almont Police Department
Attn: Accident Report
817 N. Main St.
Almont, MI 48003

Request by mail will not be honored without a self-addressed stamped envelope

Printed Name

Signature

Date of Request

Date Completed