

Village of Almont Police Department

817 North Main Street
Almont, Michigan 48003

Phone: (810) 798-8300

FAX: (810) 798-2733



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. You can also bring this form and your check with you to receive a copy of your accident report in person between the hours of 8:00 a.m. and 1:00 p.m. Anything brought after office hours will be processed on the following day.

If you are requesting this report via the mail, please include with your complete 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



"We're growing in the right direction."