

**CITY OF BEACON**  
**CLERKS OFFICE**  
**ONE MUNICIPAL PLAZA**  
**BEACON NEW YORK 12508**  
**845-838-5000**

**PLEASE WRITE CLEARLY**

**DATE OF REQUEST:** \_\_\_\_\_

**CHECK ONE OF THE FOLLOWING:**

**MOTOR VEHICLE ACCIDENT** \_\_\_\_\_

**INCIDENT REPORT** \_\_\_\_\_

**REASON FOR OBTAINING REPORT** \_\_\_\_\_

**DATE OF INCIDENT/ACCIDENT** \_\_\_\_\_

**LOCATION OF INCIDENT/ACCIDENT** \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE NUMBER** \_\_\_\_\_

Individual should to come to the Clerks' office Monday through Friday, between the hours of 8:30 to 4:00 to fill out the request form.

Normally, the response time for the request is within twenty (20) days. Should a longer time be required, you will be notified.

The requester should pick up the report AFTER being informed it is available. There is a charge of \$ .25 per page for copying.