

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 come to the Clerks' office Monday through Friday, between the hours of 8:30 A.M to 4:00 P.M 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 requestor should pick up the report AFTER being informed it is available. There is a charge of \$.25 per page for copying.