

**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.