City of Beacon
Clerks Office
1 Municipal Plaza, Suite 3
Beacon, NY 12508
(845) 838-5000

Request an Accident or Incident Report

Please write clearly.

Date of Request _____

Please check one: ☐ Motor vehicle accident report ☐ Incident report

Reason for obtaining report: _____

Date of incident/accident: _____

Location of incident/accident: _____

Name: _____

Address: _____
Street (actual address, not PO box) City, State ZIP

Daytime Phone: _____

Individuals should come to the City Clerk's office Monday – Friday between the hours of 8:30 AM to 4 PM 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 that it is available. There is a charge of $0.25 per page for copying.