| Q | POLICE | Stickney F | Police | e Depar | tment | CE OF STORE |
|-----------------|--|---|---------------------------|-----------------------|--|-------------|
| | | | 533 Pershi kney, Illir | ng Road nois 60402 | | SEAL OF |
| James Sassetti | | | Phone (708) 788-2131 | | | Jeff Walik |
| Chief of Police | | | Fax (708) 749-2742 | | | Mayor |
| A | UTHORIZATION | FOR THE REL | EASE C | OF POLICE | REPORTS AND | RECORDS |
| DATE: | PHONE NUMBER: | | | | | |
| | Name: | | | | | |
| | Address: | | | | | |
| | City: | S | tate: | | Zip: | |
| | Date of Birth: | | | 3 | | _ |
| REPOI | RT NUMBER (if know | n): | | | _ | |
| Date o | f collision or inciden | t: | Loca | ation: | | |
| Vehicl | e: Make: | M | odel: | | License: | |
| OTHE | ۲ | | | | | |
| What i | s your involvement i | n this incident? I here | eby certify | / and swear, I ar | n the: | |
| 0 | Reporting party (complainant) O Registered owner of an invol | | | | | |
| 0 | Victim | | | (traffi | ic collision, theft or da | image) |
| 0 | Driver or passenge | of an involved vehic | le | | | |
| 0 | Insurance company or Company authorized representative | | | | | |
| 0 | Name and title of re | presentative | | | | |
| | | | | | ormation and reports xcluding arrest report | |
| | | | | Email addres | ss if report is to be em | ailed: |
| | | | | | | |
| . <u></u> | | | | | | |
| | | nain valid until such t DRIZATION shall be d | - | | d and closed. | |
| Signat | ure | | | Date | | |
| • | | ed up after 30 da | ys will t | | | |
| There | e is a \$5 fee per r | eport released. N | lake che | ecks payable | to the Village of S | tickney. |