



James Sassetti
Chief of Police

Stickney Police Department

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Jeff Walik
Mayor

AUTHORIZATION FOR THE RELEASE OF POLICE REPORTS AND RECORDS

DATE: _____ PHONE NUMBER: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

REPORT NUMBER (if known): _____

Date of collision or incident: _____ Location: _____

Vehicle: Make: _____ Model: _____ License: _____

OTHER _____

What is your involvement in this incident? I hereby certify and swear, I am the:

- Reporting party (complainant)
- Registered owner of an involved vehicle (traffic collision, theft or damage)
- Victim
- Driver or passenger of an involved vehicle
- Insurance company or Company authorized representative
- Name and title of representative _____

You are hereby authorized to deliver, disclose, and release any and all information and reports concerning any traffic collision, auto theft or damage, hit and run or other police report (excluding arrest reports) to:

_____ Email address if report is to be emailed:

This authorization shall remain valid until such time as my claim is settled and closed.
A photocopy of this AUTHORIZATION shall be deemed as an original.

Signature Date

Documents not picked up after 30 days will be destroyed

There is a \$5 fee per report released. Make checks payable to the Village of Stickney.