



STICKNEY POLICE DEPARTMENT

6533 West Pershing Road | Stickney, Illinois 60402

Phone: (708) 788-2131 | Fax: (708) 749-2742

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?

- | | |
|---|---|
| ☐ Reporting Party (complainant) | ☐ Registered Owner of an involved vehicle
(traffic collision, theft, or damage) |
| ☐ Victim | ☐ Insurance company or company
authorized representative* |
| ☐ Driver or passenger of an involved vehicle | |

*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.