

**Right to Know Law Request Form**

**To:** Office of the Chief of Police  
Borough of Emmaus Police Department  
400 Jubilee St.  
Emmaus, PA 18049

I am requesting access to records of the Emmaus Police Department. I am aware that I will be required to pay \$10.00 per incident report information received and \$15.00 per accident report information received. I have completed the following information:

**Name of Requester** \_\_\_\_\_  
*(Please print) First, M.I., Last*

**Request Date:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Please identify each of the documents that you are requesting. Your request should identify the documents with sufficient specificity so that department personnel can determine whether these documents are in our possession and how to locate them. To assist in this process, please fill in the following information if known:**

**INCIDENT DATE:** \_\_\_\_\_

**INCIDENT TYPE:** \_\_\_\_\_

**INCIDENT LOCATION:** \_\_\_\_\_

**PERSON ARRESTED:** \_\_\_\_\_

**I am aware that my signature is required to obtain the requested information. I acknowledge that by signing this document I am subject to the provisions of PA Crimes Code sections: 4903 (False Swearing), 4904 (Unsworn falsification to authorities) and other related sections.**

\_\_\_\_\_  
(Signature)

For Office Use Only

**ID**

**Date Received:**

**Status:**

**Access granted**

**Denied**

**Review**