

# POLICE REPORT REQUEST

**EAST CAROLINA UNIVERSITY POLICE DEPARTMENT**  
**609 EAST 10<sup>TH</sup> STREET**  
**GREENVILLE, NC 27858**  
**Phone: (252) 328-6787**

Requests for copies of police reports will be accepted by **WRITTEN REQUEST ONLY from the general public**. Requests to mail a report must be accompanied by a stamped, self addressed return envelope.

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Report #: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Name/Person involved: \_\_\_\_\_

Date & Time of incident: \_\_\_\_\_

Type of incident/report: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Person/Agency requesting report: \_\_\_\_\_

Requestor's Contact Number \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Requesting Party

\* \* \* \* \*

ECUPD Use Only: Date Received: _____ Processed by: _____ Date Released/Mailed on: _____
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