

Fayetteville State University Police Department

Police Report Request Form

OCA / Report # _____ Date of Request: _____

Requestor Information

Name: _____

Agency: _____

Email: _____

Contact Number: _____

Address: _____

City/State: _____

Incident Information

Date Occurred: _____

Time Occurred: _____

Location: _____

Type of Incident: _____

Suspect: _____

Victim: _____

Vehicle Make/Model: _____

Signature Date

FSUPD Use only:

Received: _____ Processed: _____

Released/Mailed: _____ Authorized: _____



FAYETTEVILLE
STATE UNIVERSITY™

1200 Murchison Road,
Fayetteville, NC 28301
(910) 672-1111
www.uncfsu.edu