

DEPARTMENT OF PUBLIC SAFETY OPEN GOVERNMENT ACT REQUEST



Mail to:

Department of Public Safety
Attn: Commissioner
Jose M. Sablan Building
Caller Box 10007
Susupe, Saipan MP 96950

INTERNAL USE ONLY

DATE RECEIVED: _____

BY: _____

PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE ABOUT YOUR REQUEST

Your Name/Firm Name/Business Name	Telephone Number
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Mailing Address	Contact Person
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City	State or Territory and Zipcode
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Contact Person e-mail address <i>(optional)</i>	Date Needed by:
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Reason for Request <i>(optional)</i>	Date Needed by:
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Incident Information (provide as complete and accurate information as known)

Case # or Citation # (if known)	Officer (if known)
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Date of Incident	Time	AM	PM
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Location of Incident Street Address	City	County
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Type of Incident/Crime Description of events

Please Describe the Requested Documents (for example: collision report) (use back of form if necessary)

Vehicle Information (if appropriate, if known)	Make Model Year Color/Style etc.	License #	State
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Additional Comments (use back of form if necessary)

Signature <i>(required)</i>	Date
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Please allow up to 10 days for your request to be processed. All reports requested are subject to release per Commonwealth statutes. Police reports may contain exempt and non-exempt materials and are subject to redaction