

DEPARTMENT OF PUBLIC SAFETY OPEN GOVERNMENT ACT REQUEST

INTERNAL USE ONLY

DATE RECEIVED: _____

BY: _____

Mail to:

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

PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE ABOUT YOUR REQUEST

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

Incident Information (provide as complete and accurate information as known)

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

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