



LAKE WORTH POLICE

Request for Accident Report

\$6.00 per copy

Date:

Name of requestor:

Involved in the Accident: Yes () No ()

To receive a copy of an accident report you must provide at least two (2) of the following items:

Name of (any) person involved:

Date of Accident:

Location of Accident:

Accident Report Number:

X: _____
Signature of Requestor

Completed / Fee Collected by: _____

Report Given: Y / N