

PRESTON COUNTY SHERIFF'S OFFICE

103 W MAIN ST, KINGWOOD, WV 26537 Report Request Form

Requester II	nformation:			
Name:				
Telephone: ()			
Address:				
City:			State:	Zip:
Are you invol	ved in incident?	yes	no	
CRIMINAL R	REPORT			
Date of Crime	e:			
Location of C	crime:			
Victim (s):				
Type of Crim	e:			
VEHICLE CF	RASH REPORT			
Date of Cras	h:			
	crash:			
Driver/Owner	r #1:			
Driver/Owner	r #2:			
	•			
		FEE SC	HEDULE	
	Crime/Vehicle	Crash Repor	t\$10.6	00 x
	Photo/Audio Disc (i	f available)		\$20.00 x
	Total S	ubmitted: \$		
Mail o	or drop off your reques	st to (including	g payment and se	lf-addressed envelope):
	P	reston County	y Sheriff's Office	
		103 West	Main Street	
		Kingwood,	WV 26537	
Your requ	uest will be mailed bad	ck to you in ye	our self-addressed	d envelope when approved
You w	vill be notified within 5	business day	s if your request v	vas approved or denied.
		OFFICE	USE ONLY	
Report Number: _	Office	cer's initials:	Approved De	nied Chief Deputy Approval:
Payment	Date Mailed:			