

WEST WHITELAND TOWNSHIP POLICE DEPARTMENT



101 COMMERCE DRIVE
EXTON, PA 19341
OFFICE: (610) 363-0200 FAX: (610) 363-6671
WESTWHITELANDPD.ORG

Crime Victim Right of Access – Request Form

Date of Request:

Requested via:

☐ Email ☐ U.S. Mail ☐ Fax ☐ Hand Delivery

Requesting Party Information:

Name:	
Address:	
Telephone:	
Email:	
Status:	☐ Crime Victim ☐ Crime Victim Representative ☐ Defendant in a Civil Action

Request Information:

Incident Date:	
Incident Number:	
Name of Victim:	
Name of Suspect/Defendant:	
Reason for Request:	☐ Pending Civil Action (Provide Case Caption & Docket Number) ☐ Preparation of a Civil Action

Request Material:

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Whom To Provide Request Material:

☐ Requesting Party ☐ Attorney for the Requesting Party

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Attorney Information (If Applicable):

Firm:	
Name:	
Address:	
Telephone:	
Email:	

Internal Use Only:

Received by:	
Date received:	
Records compiled by:	
Date submitted to Records Custodian:	
Records reviewed by Records Custodian:	
Date of review by Records Custodian:	