



REQUEST FOR MOTOR VEHICLE COLLISION REPORT

DATE OF REQUEST:	Click or tap here to enter text.
REQUESTOR'S NAME:	Click or tap here to enter text.
INSURANCE COMPANY:	Click or tap here to enter text.
ADDRESS:	Click or tap here to enter text.
TELEPHONE NUMBER:	Click or tap here to enter text.
POLICE OCCURRENCE REPORT NUMBER:	Click or tap here to enter text.
DATE AND TIME OF OCCURRENCE:	Click or tap here to enter text.
ADDRESS OR LOCATION OF THE OCCURRENCE:	Click or tap here to enter text.
<p>1. Forward this completed request and the required information to:</p> <p style="text-align: center;">Windsor Police Information Services P.O. Box 60 Windsor, ON N9A 6J5</p> <p>2. Requests are subject to a \$60 processing fee (inclusive of HST). Please submit a cheque payable to the City of Windsor. Payments in person can be made at 150 Goyeau, Windsor, ON or 532 Sandwich St. S., Amherstburg, ON with cash, debit, Visa or Mastercard.</p> <p>3. Once the request has been completed, the report will be mailed to the address, as listed above.</p>	
SIGNATURE OF REQUESTOR:	Click or tap here to enter text.