



**U.S VIRGIN ISLANDS POLICE DEPARTMENT  
POLICE REPORT REQUEST**

<b>COMPLAINANT/VICTIM NAME:</b>		
	<b>LAST</b>	<b>FIRST</b>
		<b>MIDDLE</b>
<b>REPORT No. (IF Known):</b>		
<b>LOCATION OF INCIDENT:</b>		
<b>DATE INCIDENT WAS REPORTED:</b>		
<b>TYPE OF INCIDENT:</b>		
<b>POLICE OFFICER, IF KNOWN:</b>		
<b>Signature of Applicant (Requesting this record check)</b>		
<b>Date:</b>		
<small>Note: CRIME REPORTS ARE RELEASED ONLY TO THE FOLLOWING:</small>		
1	<b>COMPLAINANT</b>	<b>IDENTIFICATION IS REQUIRED</b>
2	<b>REPORTING PERSON</b>	
3	<b>VICTIM</b>	
4	<b>OWNER OF PROPERTY</b>	
<b>NUMBER OF COPIES NEEDED:</b>		
<b>PURPOSE OF THIS REQUEST:</b>		
<b>SIGNATURE:</b>		
<b>DATE REQUESTED:</b>		
<b>DATE VERIFIED BY:</b>		
<b>1A-COPY FEE (\$10.00)</b>	<b>PAID</b>	<b>NOT PAID</b>
<small>Please PRINT all information clearly and legibly and make sure that all information is correct</small> <b>THANK YOU FOR YOUR COOPERATION</b> <small>Records Bureau, VIPD</small>		

VIPD-PR-2022

On completion of this form, please email to:

[stxvipdrecordsrequest@usvi.onmicrosoft.com](mailto:stxvipdrecordsrequest@usvi.onmicrosoft.com) – STX  
[sttvipdrecordsrequest@usvi.onmicrosoft.com](mailto:sttvipdrecordsrequest@usvi.onmicrosoft.com) – STT/STJ