

Gibsonville Police Department

129 West Main Street • Gibsonville, NC 27249 • (336) 449-7926



POLICE RECORDS RELEASE REQUEST

Email completed form to: POLICE@GIBSONVILLE.NET or Mail to address above

Date of Request: _____

Name: _____

Contact Information

Daytime Phone: _____

Cell Phone: _____

Email: _____

Incident / Accident Number (if known): _____

**If incident / accident number is not known, please answer the following questions.
The more details you provide the better we can assist you.**

Date of Incident / Accident: _____

Location of Incident / Accident: _____

Type of Event: Incident Accident

Officer's Name: _____

Other information.
Please be very specific about your request.

*****POLICE DEPARTMENT USE ONLY*****

Received By: _____ Date: _____ Method: _____

Released By: _____ Date: _____ Method: _____