

Western Australia Police Force

Application for Abridged Incident Report

For use by Authorised Representatives ONLY

Public Access
Office of Information Management
Level 5 Westralia Square, 141 St Georges Terrace
PERTH WA 6000

Enquiries: (08) 6229 5900 or PublicAccess@police.wa.gov.au

INCIDENT / OFFENCE REPORT NUMBER (IF KNOWN)										
Details of Authorised Representative										
SURN	RNAME GIVEN NAME			ORGANISATION NAM						
REPRESENTATION TYPE (INSURER, SOLICITOR, LOSS ASSESSOR, INVESTIGATOR, ETC.) REFERENCE NUMBER										
POSTAL ADDRESS				SUBURB				STATE	POSTCODE	
TELEPHONE NUMBER E			EMAIL ADDRE	EMAIL ADDRESS						
Details of Client										
SURNAME / BUSINESS NAME			GIVEN NA	ME(S)		DATE OF BIRTH				
Incident Information										
	TE OF INCIDENT LOCATION OF INCIDENT									
NATURE OF OFFENCE (BURGLARY, STEALING, DAMAGE, ASSAULT, ETC.) REASON FOR APPLICATION (INSURANCE, COURT, COMPENSATION, ETC.)										
ADDITIONAL INFORMATION TO ASSIST SEARCH										
FEE: \$49.									FEE: \$49.10	
☐ I have read, understood and agree to the terms under which the information is to be released.										
SIGNATURE DATE										
Application Checklist (Applications must include the following to be accepted)										
	Completed application form (or written request on company letterhead).									
$ $ $_{\square} $	Letter of consent signed by the involved party (or employee of involved business) authorising the release of information.									
	N.B. Representatives acting on behalf of an insurance company, who in turn is representing an individual, must provide signed consent from the individual.									
	Payment. Cheques and Money Orders to be made payable to "The Commissioner of Police". Money Order vouchers cannot be accepted and will be returned.									
	Lodged in person at the Office of Information Management, or by post to LOCKED BAG 20, PERTH BUSINESS CENTRE WA 6849.									

For more information about Abridged Incident Reports visit www.police.wa.gov.au/Police-Direct/Apply-for-Information

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