

POLICE DEPARTMENT RECORDS REQUEST FORM

Instructions: Please complete all applicable fields to request police records. This form is formatted for printing and physical submission (in-person, mail, or fax).

1. Requester Information

Full Name:

Mailing Address:

Phone Number: Email Address:

Date of Birth: Driver's License / ID Number:

2. Incident Information

Police Report / Case Number:

Date of Incident: Time of Incident:

Location of Incident:

Type of Incident (e.g., Traffic Accident, Theft, Burglary):

Names of Persons Involved (if known):

3. Specific Records Requested

Describe the specific records or documents you are seeking (e.g., complete report, photos, dispatch audio):

4. Delivery Preference

How would you like to receive these records? (e.g., Pick Up, Mail, Email):

5. Signature and Certification

I hereby certify that the information provided on this request is true and correct to the best of my knowledge.

Signature of Requester: Date Signed:

For Department Use Only

Received By (Name/Badge): Date Received:

Request Status (Approved / Denied / Pending): Fees Associated: