



REQUEST FOR POLICE RECORD



(Payment for research and copies of any reports must be paid for before released.)

*** Number 1 thru 6 must be filled out by the requesting party**

*1 Name, address, and phone number of person requesting report:

*2 Date of incident: _____

*3 Parties involved in incident: _____

*4 Type of incident _____

*5 Location of incident: _____

*6 Signature: _____ Date: _____

TO BE FILLED OUT BY POLICE DEPARTMENT

Forward to City Attorney _____ Number of Pages: _____

Status of case: _____ **Case No.** _____

_____ Informational report

_____ Disclosure will harm on-going investigation

_____ Under investigation

_____ Referred to state prosecutor

_____ Charges filed state prosecutor

_____ City charges filed

_____ Case closed

_____ Juvenile report

_____ Record destroyed

Approved Release Date: _____

Decline Release Date: _____

Notified Requestor by: Phone Ph. Msg.

Date: _____ Time: _____