

AUBURN POLICE DEPARTMENT
REQUEST FOR POLICE RECORDS

REQUESTORS INFORMATION:

REQUESTED BY: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ CELL#: _____

E-MAIL: _____

INCIDENT INFORMATION:

TYPE OF RECORD REQUESTED: _____ INCIDENT DATE: _____ TIME: _____

NAMES OF INVOLVED PERSONS: _____

NATURE OF INCIDENT: _____

REASON FOR REQUEST: _____

You will be contacted when your request has been reviewed and approved or denied. Along with your fee you must provide a self addressed stamped envelope, of sufficient size, volume, and adequate postage for mailing your records request by the U.S. Postal Service to its final destination.

Costs:

Accident Reports.....\$5.00 for not more than 6 pages and \$.50 for each additional page.

Mailing Crime/Incident/Misc. report.....\$1.00 per page.

"In-Hand," Crime/Incident/Misc. report....\$.50 per page.

Audio/Video recordings.....\$50.00 for each recording and
\$50.00 additional fee for each hour redacting A/V recording copies.

Bulk Record Request.....As determined (see policy)

Family Dispute Records.....No cost to "victims."

****OFFICE USE ONLY****

Document intake by: _____ Date/Time Request Received: _____

Reviewed by: _____ Approved _____ Denied _____ Modified _____

Fees accessed and collected: _____ Cash - Personal Check - Bank Check - Money Order

Report released by: _____ Number of Pages: _____ Date: _____

Delivery: In-Hand Mail