REQUEST FOR REPORT

Date of Request: _____

Requesting Party's Information:

Name _____
Last First Middle

Address _____
Street City State Zip

Signature _____ Phone Number _____

Incident Date _____ Type of Report: ☐ Accident ☐ DWI ☐ Other

Person(s) involved in the report: _____

How do you want to get the report?

☐ Pick up. Others who may pick up the report for me: _____
(they will be asked to show a valid ID)

☐ Fax to _____

☐ Mail Address if different than above_____

****

For Office Use Only

Request Received by _____ Request Approved _____ Request Denied _____

Case File #_____

Report was: ☐ Picked Up on _____ by Badge #_____
☐ Mailed
☐ Faxed

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