REQUEST FOR REPORT

Date of Requ	uest:	 			
Requesting I	Party's Information:				
Name					
Las	st F	irst	Middle		
Address					
	Street		City	State	Zip
Signature		Phone	Number		
Incident Date	e	Type of Report:	☐ Accident	□ DWI	☐ Other
Person(s) in	volved in the report:				
How do you	want to get the repon	t?			
-	Others who may pick (they will be asked to sho	t up the report for me:			
□ Fax to		_			
☐ Mail Ad	ldress if different than	above			
	.25¢ per page freport is to be mail	AUDIO/PHOTO: ed or faxed	\$30	VIDEO:	\$60
*****	*******	********		******	******
		For Office Use Only	/		
Request Red	ceived by	Request Approved _	Requ	uest Denie	d
Case File #_					
Report was:	☐ Picked Up on	!	oy Badge #		
	☐ Mailed				
	☐ Faxed				
				S:\Forms	\RequestForReport