

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 _____

COPY FEE: .25¢ per page AUDIO/PHOTO: \$30 VIDEO: \$60
Add \$2.50 if report is to be mailed or faxed

For Office Use Only

Request Received by _____ Request Approved _____ Request Denied _____

Case File # _____

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