

REQUEST FOR COPIES OF REPORTS

DATE AND TIME OF REQUEST: _____ CLERK TAKING REQUEST: _____

PERSON REQUESTING RECORDS: (NOT REQUIRED)

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

EMAIL: _____

NOTES: _____

RECORDS REQUESTED: (CHECK TYPE)

ACCIDENT REPORT (DT4000 FORM ONLY) ACCIDENT REPORT INCLUDING SUPPLEMENT REPORTS

INCIDENT REPORT CASE REPORT

REPORT NUMBER(S): _____

RECORD CHECK:

NAME/DOB/SEX/RACE: _____

INCIDENT REPORT BY ADDRESS AND TIME FRAME: _____

CHECK ONE: TO BE MAILED WILL PICK UP TO BE EMAILED

For Office use only: Attach the original request and copy of Response to Request for Records to this form and scan all documents into ResponsetoRequestPublicRecords folder.

CASE NUMBER: _____ # OF PAGES _____ REDACTED Y or N DENIED

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CASE NUMBER: _____ # OF PAGES _____ REDACTED Y or N DENIED

CASE NUMBER: _____ # OF PAGES _____ REDACTED Y or N DENIED

CASE NUMBER: _____ # OF PAGES _____ REDACTED Y or N DENIED

CASE NUMBER: _____ # OF PAGES _____ REDACTED Y or N DENIED

Counter _____ (Date Completed) _____ (Initials/Unit Number)

Mailed _____ (Date Completed) _____ (Initials/Unit Number)

Emailed _____ (Date Completed) _____ (Initials/Unit Number)