

PUBLIC RECORDS REQUEST FORM



*** A mailing or email address, telephone number or other means of notifying you is required**

Request Date: _____ Request Time: _____
Incident Date: _____ Incident Time: _____
Requestor Name: _____ Requestor Agency: _____
Requestor Address: _____
Requestor email: _____
Requestor Phone Number: _____

Incident Information ***Please complete at least one of the following**

Defendant: _____
Incident Location: _____
Incident Type / What happened?: _____
Responding Agency: _____
Case number: _____

This request is for: _____ an audio recording _____ CAD printout (or other records)

(If applicable) I would like to receive audio recordings via: _____ CD _____ email

Indicate below which portions of the incident are to be copied. **Be specific.**