

REPORT REQUEST

REQUESTING PERSON (PLEASE PRINT NAME): _____

ADDRESS: _____

TELEPHONE NUMBER: _____

SIGNATURE: _____

REASON FOR MAKING THE REQUEST: _____

DATE, LOCATION AND DETAILS OF RECORD REQUESTED (I.E. accident, arrest, incident) _____

FOR OFFICE USE ONLY BELOW THIS LINE

A request has been made for a release of records. The request and the applicable record are attached. Please review and approve or disapprove.

Case #: _____

Reviewer (Please print NAME): _____

Date Reviewed: _____

Circle one: Approved/ disapproved for release

SIGNATURE: _____

Notes/Instructions: _____
