

GENERAL POLICE RECORDS REQUEST

(Allow 5-7 working days for processing)

Requestor's Name: _____

Requestor's Phone: _____

(Home) / (Cell)

(Work)

Requestor ID: _____

(PHOTO ID must be presented upon receipt of requested report)

Reason for Request: _____

Address of Request: _____

(Street)

(City)

(State)

(ZIP code)

Incident/Report Number(s): _____

Date(s)/Date Range(s): _____

Signature of Requestor: _____ Date: _____

Request Received by: _____ Date: _____

Official Use Only

Approved for Release by:

_____ Date: _____

(Must be approved by a Lieutenant or above)

Released to Requestor by:

_____ Date: _____

(HPD Employee Signature)