

REQUEST FOR COPIES OF REPORTS

Records may be requested by submitting this form. Completed records requests will be mailed to the requestor, or may be picked up in person at the Information Counter in the Public Safety Building. We do not fax or e-mail completed requests.

Prepayment is required for any request in excess of \$5.00.

Person Requesting Records: *(Not Required)*

Name: Telephone:
First Last

Mailing Address: Street:
City: State: Zip:

Record(s) Requested: (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Accident Report (MV4000 form only) | <input type="checkbox"/> Accident Report including supplement reports |
| <input type="checkbox"/> Police Report | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Citation | <input type="checkbox"/> Other: (explain) |

Record Information:

Case Number: Date of Incident:
Case Number: Date of Incident:

For Background Check:

Name: Date of Birth:
First Middle Last

Any other information that may help us to identify the records you are requesting:

Please indicate your preference: Call when the records are available and I will pick up.

Mail