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 Type)

☐ Accident Report (MV4000 form only) ☐ Accident Report including supplement reports

☐ Police Report ☐ Background Check

☐ Citation ☐ Other: (explain)

Record Information:

Case Number: _____ Date of Incident: _____

Case Number: _____ Date of Incident: _____

For Background Check: (Background check will include only local arrest and conviction information)

Name: _____ Sex: _____ Race: _____
First Middle Last

Date of Birth: _____

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