



Public Request Form

| | | | | |
|---------------------------------|------|------------------------|----------------------------|---------------------|
| Print Name | Last | First | Middle | Today's Date |
| | | () | | () |
| Date of Birth (Optional) | | Phone (Daytime) | Cell or Other phone | |
| Mailing Address | | City, | State, | Zip |

Record Requested:

Police Report / Type of incident: _____

Traffic Accident report

Citizen Letter

Other / Specify: _____

Case Number: _____ . Also, please provide date, time, and location of the incident, as well as any other information, including names of persons involved:

Your relationship to the case (choose one):

Driver Defendant Passenger
 Legal Guardian Victim Vehicle owner
 Parent of Minor (under 18) Witness Property owner
 Person injured in accident Insurer of Involved Party Attorney of Involved Party
 Other

Signature

Date

For Official Use Only:

Released by: _____

Date: _____

Type of Request: Office Visit

Telephone

Mail

Fax