

REQUEST FOR POLICE RECORDS INFORMATION

(Generally allow 5-7 working days for processing request)

Requestor's Name: _____

Requestor's Address: _____

(City) (State) (Zip)
Requestor's Phone: (w) _____
(h) _____
(c) _____

Requestor's Photo ID: _____
(ID must be presented upon receipt of requested report)

Reason for Request: _____

Signature of Requestor: _____ Date of request: _____

Request received by: _____ Date Received: _____
(Any HPD employee)

Required Fee: _____ Amount Paid: _____ Date Pd: _____
(PAYMENT MUST BE MADE BY PERSONAL CHECK OR
COMPANY CHECK ONLY---No Cash /No Credit Cards)

Office Use Only

Approved for Release by:

_____ Date: _____
(Must be approved by a Lt. or above)

Released to Requester by:

_____ Date: _____
(HPD employee signature)