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Records Release

PLEASE PRINT CLEARLY

Date of Request: _____ Case Number: _____

Name(s) Involved: _____

Date of Incident: _____ Location: _____

Report type/ description: _____

Name of Requestor: _____ Phone#: _____

Street Address: _____ City/State: _____

The information provided in this report is intended solely for your use. Any other use of this information would be your decision and at your own risk. By signing this release form you agree to this statement.

Requestor's Signature: _____ Date: _____

Released by: _____ Date: _____

For Office Use Only

Cost: \$ _____
(.50 cents per page)

Payment: Cash or Check #
(Please circle one)