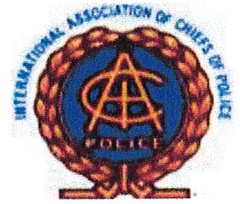


**PUTNAM POLICE DEPARTMENT**  
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**Records Release**

**PLEASE COMPLETE and PRINT CLEARLY**

**ALL (\* ) areas must be filled out to properly complete your request.**

\*Date of Request: \_\_\_\_\_ Case Number: \_\_\_\_\_

Name(s) Involved: \_\_\_\_\_

\*Date of Incident: \_\_\_\_\_ Location: \_\_\_\_\_

\*Report type/ description: \_\_\_\_\_

\*Name of Requestor: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_

\*Phone #: \_\_\_\_\_

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: \_\_\_\_\_

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Cost: \$ _____ <b>(.50 cents per page)</b>	Payment: Cash or Check # <i>(Please circle one)</i>