



Open Records Act Request

Telephone Request:

Date:

Request made in Person:

Date:

Request Information:

Name:

Address:

Phone:

Fax:

Request:

Type of records requested:

Name of individual (victim/suspect):

Date of incident:

Case/Warrant Number (if available):

Law enforcement agency involved (if available):

Other information:

Delivery Method:

Pick-up

Mail

Fax

Prepared By: