CITY OF SUMNER
POLICE DEPARTMENT
John Galle, Chief

RECORDS DISCLOSURE REQUEST

DATE OF REQUEST _____ CASE NUMBER _____

TYPE OF INCIDENT _____

TIME OF REQUEST _____ DATE OF INCIDENT _____

LOCATION OF INCIDENT _____

RECEIVED BY: ☐ FAX ☐ FRONT COUNTER ☐ MAIL ☐ PHONE

NAME OF PERSON INVOLVED IN CASE _____

YOUR NAME: _____
Print Full Name Signature

ADDRESS _____

PHONE NUMBER (Day) _____ (Evening) _____

YOUR INVOLVEMENT IN CASE (i.e.: Driver, Victim, Attorney, Defendant, Etc.) _____

_____

REASON FOR REQUEST (not required, but may help us to identify the records you are requesting)

_____

_____

Note: The following charges apply for the copying of Accident or Case Reports: Reports under 20 pages are free, any additional pages are 15 cents each.

FOR OFFICIAL USE ONLY

Reviewed By: _____ Date: _____ Approved [ ] Yes [ ] No

Date Disseminated: _____

What Was Released: _____

_____

Declined: _____

Amount Charged _____ Specialist: _____ Per # _____

Notes: _____

_____

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