



## OPEN RECORD REQUEST FORM

NAME OF PERSON MAKING REQUEST: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAYTIME PHONE NUMBER: \_\_\_\_\_

INCIDENT / CASE NUMBER: \_\_\_\_\_

PERSON NAMED IN INCIDENT: \_\_\_\_\_

INCIDENT ADDRESS: \_\_\_\_\_

TYPE OF INCIDENT: \_\_\_\_\_

INCIDENT DATE: \_\_\_\_\_ INCIDENT TIME: \_\_\_\_\_

NOTES:

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**OFFICIAL USE ONLY**

INITIATING OFFICER: \_\_\_\_\_ DATE: \_\_\_\_\_

ACKNOWLEDGED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

NUMBER OF PAGES: \_\_\_\_\_ DATE PROVIDED: \_\_\_\_\_