



See Form Reverse for Information and Instructions

Freedom of Information Act / Privacy Act of 1974 Request for Police Report

I. STATUS OF REQUESTOR: (Select Below)

II. DATE OF REQUEST:

<input type="checkbox"/>	Individual Involved in Requested Incident (DOI-10 Privacy Act Release)
<input type="checkbox"/>	Individual Injured in Requested Incident (DOI-10 Privacy Act Release)
<input type="checkbox"/>	Owner of Property that was Damaged, Lost, or Stolen (DOI-10 Privacy Act Release)
<input type="checkbox"/>	Verified Insurance Company, Personal Representative, and/or Attorney (DOI-10 Privacy Act Release)
<input type="checkbox"/>	Other (Individual not listed above) <i>Do Not Release...Submit Request to FOIA Coordinator for processing</i> (FOIA Release)

III. REQUESTOR CONTACT:

ABOVE STATUS/IDENTITY VERIFIED: YES NO

Name:		Street Address:	
Phone :		Address Line 2:	
Email:		City/State/Zip:	
Org:		On Behalf of:	

IV. REQUESTED POLICE REPORT: (Copy of all documents pertaining to the incident below)

Type of Incident:	
Police Report #:	
Date of Incident:	
Time of Incident:	
Location of Incident:	
Reporting Officer:	
Other Incident Info:	

V. Requestor Signature:

VI. AGENCY PROCESSING RECORD

Received By:		Date Received:	
Processed By:		Date Processed:	
SSN # Redacted:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Tribal ID # Redacted:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
# Pages Released:			
Authorized By:		Position Title:	
Signature:		Date Authorized:	

VII. REQUESTOR ACKNOWLEDGEMENT OF RECEIPT

Received By:		Date Received:	
Signature:			