

CLINTON POLICE DEPARTMENT
REQUEST FOR COPY OF POLICE RECORD

Date _____

Name of Requestor: _____

Address: _____ Phone: _____

_____ Zip Code: _____

Representing: _____

(Self/ Company)

Signature: _____

Case # if known _____

___ Motor Vehicle Accident

___ Incident Report

___ Arrest Report

Name _____ D.O.B. _____

(Name of Search)

Other (specify)

Please check the sheet on the window of Records in lobby for appropriate charges for the above request.

Please allow time for requests for photographs, tapes, and videos.

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(Records Division use only)

CASE NUMBER: _____ NO. OF COPIES _____

AMOUNT PAID _____ CASH _____ CHECK _____ CLERK _____