Request for Polic	ce Record	S
IFIPA Request	Subpoena	a the heart of the all
than 20 calendar d up at the WH Police POLICE DEPARTMEN	ays Reports wil Dept. REQUES T VIA US POSTA	v take up to 10 business days and no longer Il be fulfilled by mail or made available for pick STS MAY BE DELIVERED, WITH PAYMENT, TO THE IL MAIL OR IN PERSON. VIA EMAIL WITHOUT PAYMENT ARRANGEMENTS.
Name:		Date of Request:
Agency/Company		
Phone:	Fax:	Email:
Type of Request		
Incident Reports	\$5.00	Photos/4 per page \$5.00
Accident Repor	t \$5.00	Video/Audio CD or DVD \$20.00
Call for Service L	.og \$5.00	Other Reports
Total Amount Due		
	•	d pages or less - each additional page \$.25 + labor charges) d is listed in accordance with WH Police Dept. policy 10.01)
Date/Time of Event:		Case Number:
Type of Incident:		Location of Incident:
Names of Parties Involv	ed:	
Specific information ne	eded or inform	nation that may help in filling request:
Released to:		Date:
Amount Received:		Cash Check CC
Authorizing Supervisor:_		Date:
Internal Use Only		
Completed By:		Date: