

## Polk City Police Department Report Request Form

Person Requesting Report: \_\_\_\_\_

Phone for Requesting Party \_\_\_\_\_

Email for Requesting Party \_\_\_\_\_

Date of Request: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

(each incident/date is separate form)

Polk City Police Dept. Case Number: \_\_\_\_\_

Type of Request: \_\_\_\_\_ Criminal Offense \_\_\_\_\_ Accident

Location of Incident: \_\_\_\_\_

\_\_\_\_\_

Victim: \_\_\_\_\_

Please provide any additional details that may aid in processing your request:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If this request is approved, a \$10.00 payment is required prior to the report release.

☐ Approved

☐ Denied

Reason for denial: \_\_\_\_\_

Signature of PD Personnel That Reviewed Report Request: \_\_\_\_\_