# VILLAGE OF ARCANUM
## *Police Department*

## Records Request

| | |
|---|---|
| **Requesting Person** (Drivers license numbers can help in locating report but are optional) | |
| **Address** | |
| | |
| **Phone** | |
| **Date of Request** | |
| **Record Request** | *Crash Report*     *Case*     *Incident Report* <br> *Other* |

### Check or *Circle One*

| | |
|---|---|
| **Report Number** (If Known) | |
| **Location of Incident** | |
| **Person(s) Involved** | |

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_____

***DO NOT WRITE BELOW THIS LINE***

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| | |
|---|---|
| Approving Supervisor | |

| | |
|---|---|
| Record(s) delivered by | *US Mail*     *In Person*     *Fax*     *Other* |

***Circle One***

| | |
|---|---|
| Date Record Forwarded | |

| | |
|---|---|
| Person Completing Request | |

Signature            Unit#