

Kiel Police Department

RECORDS REQUEST FORM

REPORT #: _____ TYPE OF REPORT: INCIDENT / ACCIDENT / OTHER (Circle One)

LOCATION: _____ DATE OF REPORT: ___ / ___ / ___

REQUESTER'S NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: (____) _____ - _____ FAX #: (____) _____ - _____

IDENTIFIED BY: DRIVER'S LICENSE / VERBAL / OTHER: _____ (Circle One)

ADDITIONAL INFORMATION: _____

POLICE DEPARTMENT'S USE

DATE RECEIVED: ___ / ___ / ___ RECEIVED BY: _____

HOW RECEIVED: IN PERSON / MAIL / FAX / OTHER: _____ (Circle One)

REQUEST REVIEWED BY: _____ RANK: _____ DATE: ___ / ___ / ___

REQUEST: APPROVED / DENIED (Circle One)

BASIS FOR DENIAL / ADDITIONAL INFORMATION: _____

PAGES PROVIDED : # _____ FEE PAID: YES / NO RECEIPT: # _____

RECEIVED BY: _____ (Signature) DATE: ___ / ___ / ___

* ORIGINAL OF THIS FORM IS TO BE PLACED IN THE OPEN RECORDS REQUEST BINDER *
* COPY OF THIS FORM MUST BE ATTACHED TO THE REPORT THAT WAS REQUESTED *