

DUMAS POLICE DEPARTMENT  
PUBLIC INFORMATION REQUEST

DATE: \_\_\_\_\_

REQUESTOR INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #1: \_\_\_\_\_ PHONE #2: \_\_\_\_\_

PUBLIC INFORMATION REQUEST

ACCIDENT REPORT (\$5.00 FEE FOR COPIES)

INSPECTION ONLY

DATE: \_\_\_\_\_

DRIVER(S) \_\_\_\_\_

LOCATION: \_\_\_\_\_

OFFENSE REPORT (\$5.00 FEE FOR COPIES)

INSPECTION ONLY

VICTIM: \_\_\_\_\_

SUSPECT: \_\_\_\_\_

DATE: \_\_\_\_\_

OFFENSE: \_\_\_\_\_

ADDITIONAL REQUESTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF REQUESTOR

REQUEST BY FAX (ATTACHED)  
REQUEST BY E-MAIL (ATTACHED)

INTER-OFFICE USE ONLY

REQUEST RECEIVED BY: \_\_\_\_\_  
(LAST NAME)

APPROVALS

COMMANDER OF PATROL	_____	_____
	(INITIALS)	(DATE)
COMMANDER OF CID	_____	_____
	(INITIALS)	(DATE)
CHIEF OF POLICE	_____	_____
	(INITIALS)	(DATE)

REQUEST PROCESSED BY: \_\_\_\_\_  
(LAST NAME)

DATE COMPLETED: \_\_\_\_\_

DATE REQUESTOR NOTIFIED COPIES READY FOR PICK UP: \_\_\_\_\_

DATE COPIES PICKED UP: \_\_\_\_\_

COPIES PICKED UP BY: \_\_\_\_\_

IDENTIFICATION VERIFIED:

D.L. \_\_\_\_\_  
(STATE) (NUMBER)

OTHER \_\_\_\_\_  
(TYPE) (NUMBER)

E-MAILED TO: \_\_\_\_\_  
(E-MAIL ADDRESS)

FAXED TO: (SEE FAX COVER SHEET)

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
SIGNATURE OF PROCESSOR

\_\_\_\_\_  
SIGNATURE - CHIEF OF POLICE