

GUILFORD POLICE DEPARTMENT

REQUEST FOR COPY OF POLICE RECORD

Date _____

Name of Requestor: _____

Address _____ Phone _____

_____ Zip _____

Representing _____ Signature _____
(Self/ Company)

Case # if known _____

Check all that apply:

Motor Vehicle Accident

Police incident report

Photographs

Tape/Video

Name Search

Name _____ D.O.B. _____
(Name of Search)

Other (specify) _____

Please check the bulletin board in lobby for appropriate charges for the above request.

Please allow time for requests for photographs, tapes, and videos.

(Records Division use only)

CASE NUMBER: _____ NO OF COPIES _____

PHOTOGRAPHS REQUESTED (DATE) _____ () # set of prints needed

TAPE/VIDEO REQUESTED (DATE) _____

AMOUNT PAID _____ CASH _____ CHECK _____ CLERK _____

GPD163

9/98