INCIDENT INFO	RMATION			
CASE REPORT NUMBER (IF KNOWN)		INCIDENT DATE (IF KNOWN)	
INCIDENT LOCATION (IF I	KNOWN)			
REQUESTER INF	FORMATION			
NAME (LAST, FIRST)		DATE OF BIRTH		
ADDRESS				
PHONE NUMBER		E-MAIL ADDRESS	E-MAIL ADDRESS	
 A copy of you We will respons from the first of Please DO NO 	ormation may be required to r Driver's License or Passpond as to whether records with all the control of the co	ort must be provided will be disclosed no later the request.	th your request. than ten calendar days	
REQUESTERS SIGNATURE			DATE	
	OFFICIA	L USE ONLY		
DATE	STATUS (CIRCLE ONE) On Submit	On Hold	INITIALS AND BADGE NUMBER	
	On Submit	On Hold		
	On Submit	On Hold		
	On Submit	On Hold		
	On Submit	On Hold		
REVIEW DETERMINATION		APPROVED/DENIED BY	1	