

Request for Access to Law Enforcement Data

To Be Completed in Detail by the Individual Requesting Information

First Name	Middle Name	Last Name	
Address			
City		State	Zip Code
Email Address			
Date of Birth	Telephone Number	Today's Date	Date of Incident or ICR #
Describe, in detail, the information that you are requesting			
Signature of the Person Requesting the Information			
Please Allow Up To 10 Business Days to Process Your Request **ALL REQUESTED DATA / MEDIA IS SUBJECT TO DATA PRIVACY LAWS**			
For Office Use:			