

SHEPHERDSVILLE POLICE DEPARTMENT

Request For Copy Of Police Records

Name: _____
(Please Print)

Address: _____
(Street) (City) (State) (Zip Code)

I hereby request a copy of the following record:

ACCIDENT REPORT: **REPORT #** _____

Report Date _____ Location _____

List drivers involved _____

OFFENSE REPORT: **REPORT #** _____

Report Date _____ Offense _____

Victim _____

OTHER: (be specific) _____

I am affiliated with _____ company.

Signature of requesting person

Phone Number

Date of request

Signature of personnel issuing copy

This form is to be completed and attached to the original copy of any report of which a copy is requested.