Records Request Form

Date of Request: _____

Request Taken By: _____ **Badge #**_____

How was Request Received: Mail Person Letter Phone Fax E-mail

Requester Information: (Optional)

Name: _____

Address: _____

_____

Phone/Fax: _____

Email Address: _____

Are you representing a party involved in the case: (circle one) Yes No

Details of Request: _____

_____

_____

_____

Date Completed: _____

Completed By: _____

Type of Reply: Mail Person Letter Phone Fax E-mail

Chief Edward W. Powers, III
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