



REQUEST FOR CONFIRMATION OF INVESTIGATION

Application Information

Date of Request:

Name of Applicant:

Date of Birth (YYYY/MM/DD):

Business Name (if applicable):

Full Mailing Address:

Contact Telephone Number:

How would you like to receive the results? Mail Pick-up (Valid photo identification must be produced)

Occurrence Information

Occurrence Number:

Type of Occurrence:

Date and Time of Occurrence:

Location of Occurrence:

Investigating Officer Name & Badge #:

Your Involvement (Victim, witness, complainant, etc.):

NOTE:

1. If the request is made through a law firm or insurance company, include a written consent form from your client;
2. This form must be accompanied by a payment of \$39.55 (tax included);
3. Mailed requests must be accompanied by a photocopy of valid photo identification.

Signature: _____

Date: _____

****PPS USE ONLY****

BADGE #:

IDENTIFICATION VIEWED: