

SEVEN HILLS POLICE DEPARTMENT

Request for Public Records

While it is not mandatory, filling out this form will assist records personnel in identifying records you are requesting in a more timely and precise manner.

Name of requestor (please print):	
Street address:	City, State, Zip
Phone Number: ()	Today's Date
As specific as possible, please describe the records you seek. Please print clearly.	
Date of incident _____ Report No. (If known) _____	
Location of incident _____	
Name of person(s) involved _____	

<p>The Seven Hills Police Department provides photocopies of public records according to the following schedule: Reports are \$5.00 per copy and an additional 5 cents per page for any documents over 100 pages. Photographs – retail cost of reproduction. Mailing charges are assessed at actual cost. All requests require advance payment. Cost will be determined and requestor advised. Please check the correct box below.</p> <p><input type="checkbox"/> I would like the records copied and I will pick the copies up when they are ready</p> <p><input type="checkbox"/> I would like the records copied and mailed to me at the address on this form.</p> <p><input type="checkbox"/> I would like to inspect the records in the building when they are ready.</p> <p><input type="checkbox"/> I would like to wait for the records.</p>	
Below for Record Room Use Only	
Person Supplying Copy	File No.
Date Request Completed	Receipt No.