

Selma Police Department Report/Incident Request

Type of Report: Traffic Accident Crime/Incident **Case/Incident #** _____

Fee: \$15.00 for each copy of a report or incident (*Excluding victims of Domestic Violence*)

Date of Incident/Accident: _____

Location of Incident/Accident: _____

Name of Person Requesting Copy: _____

Address and Phone Number: _____ **Phone:** _____

How are you involved: Driver Injured Arrested Passenger Victim
Owner Parent Cited Other

PLEASE READ:

** Records Department is open Monday thru Thursday 9:00 am to 4:00 pm and Fridays 12:00 pm to 4:00 pm.

Copies of reports or information are available only to those **who have the right to know and the need to know.

** All requests for reports take 5 to 10 working days to be reviewed and processed.

** All requested reports need to be picked up within 30 days from date of request. If not picked up then a new request may be required.

** One form must be filled out for each case or incident number.

Signature: _____ **Date:** _____

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(Office Use Only)

** All requests must be submitted with a copy of the report/incident.

Request received by: _____ Date: _____

Approved by: _____ Date: _____

Released by: _____ Date: _____

Denied Denied by: _____

Reason for Denial: _____

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ALL REPORT REQUESTS MUST BE FILED WITH ORIGINAL REPORTS