

Request for Police Case Reports

Date: ____/____/____

Name _____ Telephone Number: (____) _____

Address _____

- Are you a Victim in the Case **(all requests are to be reviewed by City Attorney prior to release refer MCA 44-5-303 section 2)**

- Are you a suspect in the case **(you are not able to receive copy of incident report without a court order refer MCA 44-5-303)**

Specific information requested, including dates, names and other specifics:

Date of Occurrence: _____

Type of Incident: _____

Names Involved: _____

Payment is due at time of pick-up.

Signature of person requesting information

OFFICE ONLY:

Date Received: ____/____/____ Time Received: _____ Request received by: _____

CITY ATTORNEY SIGNATURE: APPROVAL: _____ DENIED _____

DATE: _____

Fee:
____ Copy of Case Report \$5.00 (processing) + .30 cents per page _____ =\$ _____
Copy of CD \$35.00

TOTAL DUE \$ _____