Requests for copies of police reports will be accepted by **WRITTEN REQUEST ONLY from the general public.** Requests to mail a report must be accompanied by a stamped, self addressed return envelope.

* * * * * *

Report #: ________________________  Date of Request: _________________________
Name/Person involved: ___________________________________________________________
Date & Time of incident: __________________________________________________________
Type of incident/report: __________________________________________________________
Location of incident: _____________________________________________________________
Person/Agency requesting report: _________________________________________________
Requestor’s Contact Number _______________________________________________________
Address/City/State/Zip: ____________________________________________________________

___________________________________________
Signature of Requesting Party

* * * * * *

ECUPD Use Only:
Date Received: ___________________________  Processed by: _________________________
Date Released/Mailed on: ___________________________

ECUPD 500.07
Approved: 10/11/2006