

**REQUEST FOR RECORD
NORMAN POLICE DEPARTMENT**

REQUESTING PARTY/AGENCY _____

ADDRESS _____

CONTACT INFO. (____) _____ / (____) _____ / _____
phone FAX e-mail

DATE OF REQUEST _____ TIME _____

CHECK THE APPROPRIATE BOX(S) BELOW FOR INFORMATION REQUESTED. PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE TO AID IN THE SEARCH.

ACCIDENT REPORT PARTIES INVOLVED _____
DATE OF ACCIDENT _____
LOCATION _____

ACCIDENT LISTING DATES _____ THROUGH _____
LOCATION _____

ARREST INFORMATION PERSON ARRESTED _____
DATE OF ARREST _____
LOCATION _____

RECORD CHECK NAME OF SUBJECT _____
DATE OF BIRTH _____
DL/SSN _____

CHRONOLOGICAL LIST OF INCIDENTS & CALLS FOR SERVICE DATES _____ THROUGH _____
TIMES _____ THROUGH _____

INFORMATION ON SPECIFIC INCIDENT(S)
(INVESTIGATIVE REPORTS WILL NOT BE RELEASED WITHOUT SUBPOENA) DATE/TIME OF INCIDENT _____ / _____
TYPE OF INCIDENT _____
LOCATION _____

PARTIES INVOLVED _____

CRIME SUMMARY DATE(S) REQUESTED _____

911 RECORDING DESCRIBE _____

Request Approved/Disapproved by: _____