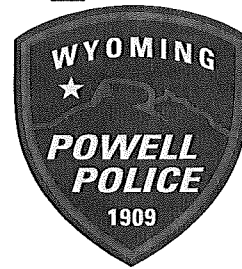


POWELL POLICE DEPARTMENT



● Copy of Case or Incident

Records in possession of Powell Police Department only. Does not include records of Park County Sheriff's Office or any other jurisdiction.

All fees for cases must be paid in full before records will be released.

Charges: \$.15 per page for case reports. \$10 per CD

Date of Request: _____ **Time of Request:** _____

I, _____, hereby request a copy of the records listed below. Signed _____

Full Name:			
Address-Physical:		Address-Mailing:	
Home phone #:		Cell phone #:	
Work phone #:		Fax #:	

Case number:				
Incident number:				
Type of Record:				
Date of Incident:				
Time of Incident:				
Names of persons involved				
Preferred means of delivery:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pick Up	E-Mail	Mail	Fax
Who will pick it up?				

Purpose for Request: (This field not required. This information will help us expedite your request)

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Additional Information if Needed:

<i>PD use only: List of Records Released</i>
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Signature of releasing official	<i>PD use only: Records check incident #</i>
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