|  |
| --- |
| **Requestor:**  |
| **Relationship to the Subject Involved:** |
| **Subject:** |
| **Address:** |
| **Phone #:**  | **Email Address:**  |
| **Case Name or Client Name (if applicable):**  |
| **Police Report Number (if available):** |
| **Location of Incident:** | **Date & Time Frame:** |
| **Officer Name:** | **Officer ID #:** |
| **Description of Incident:** |
| **Specific reason for request, including alleged misconduct:** |
| **Signature:** | **Date:**  |
| ***All sections of the form MUST be legible and completed in detail or the request is subject to being denied.*** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_OFFICE USE ONLY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  [ ]  **Approved** [ ]  **Denied** |
| **Notes:**  |
| **Chief of Police or Designee:** | **Date:** |