

Information Request

All reports \$ 1.00

All reports (mailed) \$ 2.00

All reports over two (2) pages \$.25 per additional page

Minimum of 1-2 business days necessary for processing.

Finished reports will be held for 30 days.

Requestor Name _____ Date _____

Requestor Address _____ Phone (_____) _____ - _____

Type of report requesting: Accident Incident CFS Screen

Victim/Driver Name _____

Location _____

Date of Occurrence _____ Time of Occurrence _____ am / pm

Summary of Occurrence

Requestor Signature _____

DEPARTMENTAL USE ONLY

CFS/IR # _____

Processed by _____ Date _____

Needs approval

Receipt # (paid)	
Amount due	

Approved

Denied

Authorizing Signature _____ Date _____

Comments
