

BECKLEY POLICE DEPARTMENT REQUEST FOR INCIDENT COPY/SEARCH

INCIDENT REPORT #
-

THIS IS A REQUEST FOR A RECORDS SEARCH ONLY. RELEASABLE RECORDS MAY NOT BE AVAILABLE.

RESEARCH AND PROCESSING FEES ARE NON-REFUNDABLE

PLEASE PRINT OR TYPE IN THE SPACES PROVIDED

I.D. VERIFIED

APPLICANT _____ DOB: _____

ADDRESS _____

CITY, STATE, ZIP _____

*FOR ARREST INFORMATION ONLY, PRINT
THE NAME AND DATE OF BIRTH OF THE
SUBJECT IN THE NEXT SECTION*

TELEPHONE (____) _____ DATE OF REQUEST _____

YOUR RELATIONSHIP TO THE INCIDENT/REPORT: Victim Suspect/Offender Property Owner
 Witness Other _____

SIGNATURE

DATE

THE FOLLOWING INFORMATION IS REQUIRED IN ORDER TO PROCESS A RECORDS REQUEST

Type of Incident	Date & Time of Incident	Location of Incident
Name of Subject	Subject's Date of Birth	
Applicant's Interest In This Incident		
_____ _____ _____		

RECEIVED DATE

____/____/____



DEPARTMENTAL USE ONLY



REQUEST APPROVED	REQUEST DENIED	SUPERVISOR SIGNATURE	DATE
<input type="checkbox"/>	<input type="checkbox"/>	_____	____/____/____

COMMENTS:

MAIL AFTER APPROVAL

WILL PICK UP _____

SOURCE:

COUNTER

TELEPHONE

MAIL

CITY

FORMAT:

REPORT

STATISTICAL INFO

PHOTO

CRASH REPORT

RECORDS
RELEASED?

YES

NO

BY: _____

DATE _____

ALL REPORTS NOT PICKED-UP BY THE APPLICANT WITHIN 30 DAYS WILL BE DESTROYED