

RECORDS REQUEST FORM

Carlsbad Police Department

Date: _____

Report #: _____

Officer: _____

I am requesting copies of the following documents:

Crime Report Type of Crime: _____

Non-Crime Report

Crash Report

Photographs (printed)

Photographs (digital on Compact Disc)

Photos Processed by: _____

Other (explain) _____

Comments: _____

Date of incident: _____

Time of incident: _____

FOR CRIME REPORT

Name: _____ DOB: _____ Location of incident: _____

FOR ACCIDENT REPORT

Driver's name: _____ DOB: _____ Location of incident: _____

I understand that I will be charged \$2.00 for the first two (2) pages of any report and \$0.50 per page for each page thereafter. I understand that I will be charged \$1.00 for any single page. I understand that for photos I will be charged \$2.00 for any 4x6 and \$5.00 for any 8x10 photo. I understand that all compact discs are \$5.00 each and any DVD is \$10.00 each. I understand that a receipt will be issued to me and that I may be asked to pay in advance.

I understand that the Carlsbad Police Department will respond to my request within 1 to 3 days for most cases and up to 3 to 15 days for large request.

CASH OR CHECK ONLY!

I also understand that suspects or confidential methods will not be disclosed (according to NMSA 14-2-12) Any information which falls under HIPPA guidelines will also not be disclosed.

Signature of Requestor: _____

Address: _____

Phone Number: _____

Signature of Requestor: _____

For office use only below this line-----

Report in: _____

Report not in: _____

Date picked-up: _____