

RECORDS REQUEST FORM

Carlsbad Police Department

Date: _____

Routine Request
Records Division
Carlsbad Police Department

Exceptional Request
Daniel Fierro
Det. Capt. – Records Custodian
 Approved Disapproved

I am requesting copies of the following documents: _____

- Crime Report
- Non-Crime Report
- Crash Report
- Photographs (printed)
- Photographs (digital on Compact Disc)
- Other (explain) _____

Photos Processed by: _____

Comments: _____

Date of Incident: _____

Time of Incident: _____

Location of Incident: _____

(If requesting Crash Report)

Driver's Name: _____

Date of Birth: _____

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. For photos I understand that I will be charged \$2.00 for any 4X6 photo 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. I understand that I may be asked to pay for the charges in advance.

I understand that the Carlsbad Police Department will respond to my request within 15 days of receiving this request and in most cases, will respond within three (3) business days.

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

Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Signature of Requestor: _____

Date of Processing: _____

Time of Processing: _____