

# 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:** \_\_\_\_\_