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| **REQUEST FOR PUBLIC POLICE REPORT(S)**Please complete all areas as applicable |
|  | **CASE # :** |       |  |

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| Today’s Date:       | Date of Incident:       |
| Type of Incident:       [ ]  Traffic Accident[ ]  Other:       | Time of Incident:       [ ]  am [ ]  pm |
| Location of Incident: (address, school name, intersection, etc)      | Name & DOB of person(s) involved:      dob            dob            dob       |
| Requestor’s printed name:      | [ ]  Parent [ ]  Student[ ]  ISD Employee [ ]  Other |
| Requestor’s phone number:(for use only if more info is needed)      | I understand reports may take 7-10 business days to process and cost $5.00 per report   [ ]  Yes  |
| Submitted via:[ ]  Fax to 210.271.3169 [ ]  Email to pdreports@saisd.net [ ]  In person | Requestor’s signature: (upon receipt of report) |

**For Police Department Use Only:**

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| Police Dept Employee initials:       Date complete:       |
| Receipt Number:       |
| Paid by:       [ ]  CASH [ ]  CREDIT |
| **Notes:**       |
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August 2013 Form C45 A