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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](mailto: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