

Union City Police Department

Open Records Document Reproduction Request and Receipt

Please Complete Part 1

Date Received Request: _____ Case Number: _____

Requestor's Name: _____ Agency / Company: _____

Address: _____ City, State, Zip: _____

Telephone Number (Day): _____ Telephone Number (Evening): _____

Request Received by: (Please check one)

Walk- In Fax Interoffice Mail U.S. Mail

Request Type:

Computer-Aided Dispatch (Summary of Incident) Reports Audio Tape Telephone Records

Photographs Videos Other: _____

Incident Date(s): (1) _____ (2) _____ (3) _____

Incident Time: _____

Incident Location: _____

Nature of Incident: _____

Purpose of Reproduction: _____

Special Instructions _____

Requestor's Signature: _____

Do Not Write Below This Line (Official Use Only)

Part II - Receipt

Personnel Completing Request: _____

Information Provided / Notes: _____

Date Notified Completed: _____ Fee Due / Paid: _____

Date Documents Received / Picked Up / Mailed / Faxed / Delivered: _____

REVISED 2-6-08