

COLUMBUS POLICE DEPARTMENT
REQUEST

Access to Public Records (Act I.C. 5-14-3)

Please email or mail this form to:

Records@columbus.in.gov or
Columbus Police Department
123 Washington St.
Columbus, IN 47201

Name: _____ Date of Request: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date of Incident: _____ Location of Incident: _____

Incident /Case #: _____

Involved Parties:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Brief Description of Event: _____

Reason report is needed: _____

FOR OFFICE USE ONLY – Request #: _____

Date Received: _____ Received by Badge #: _____

Date of Response to Initial Request: _____

Date to CPT/LT Badge #: _____ Rec'd by CPT/LT Badge # _____

Request App/Den by Badge # _____ Returned to Badge #: _____

Date Sent by _____ C.M. ___ Email ___ Fax ___ In Person ___ Badge # _____