

COLUMBUS POLICE DEPARTMENT

Photo Request Form

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

Requesting Person/Agency: _____

Date of Request: _____ Phone Number: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Incident/Report Number: _____ Name & DOB of Involved: _____

Incident Date: _____ Incident Location: _____

Reason for Request: _____

Brief Description of Incident:

Photos will be provided on a CD and certified mailed, or can be picked up from our office.

An administrative fee of \$5.00 will be applied to each CD.

Payment is required before this request is completed.

For Office Use Only:

Date Received: _____ Received By: _____

Date Acknowledged: _____ Request #: _____