





Marco Berquist Chief of Police

Copy of Police Report

Written Request

Name of person making request: _____

Address: _____

Phone Number: (____) ____-___

(A photo ID is required)

I am making a written request to receive a copy of the police report regarding:

Signature: _____ Date: ___/___/____

Employee taking request: _____

Please fill out and return to the Police Department Monday through Friday from 8am-4pm.