



REQUEST FOR RECORDS RELEASE

Date of Request _____

Type of Request Full Case Report Arrest Report Radio Traffic

In Car/ Body Camera Recording

For Written Requests

Case Number _____ Arrest Number _____

Person making Request _____ Phone # _____

Address _____ Email _____

For Audio/Video Request

Date of Incident _____ Incident: Time: Begin _____ End _____

Incident Type & Location _____

Name of Officer(s) Involved _____

****Most public records requests will be available in 10 business days; however, some larger requests may require additional time****

Is this request for Media Release? Yes No

How do you want your audio/video recording? Email CD

Signature of Requestor: _____ Date: _____

- **All requests must be approved by the Chief of Police or his/her designee***

Ayden Police Department Only - FOR External request Only <input type="checkbox"/> Approved for Release <input type="checkbox"/> Denied for Release Chief of Police _____

Requestor Notified (Date & Time) _____ By _____

Request Provided Via: Fax Email Mail Copy Provided to Officer for Delivery

Request Filled By _____ Date _____

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