

CR# _____

Ault Police Department

Police Report Request Form

**Photo I.D. must be presented in order to request a report.
Only those listed on the report are able to retrieve the report.
(Excluding those who are listed as witness/reporting party)**

**This court does not release Juvenile Records unless requested by a
Defense Attorney, parent/legal guardian or the reported juvenile.**

Fees:
**\$5 for reports up to 5
pages**
25¢ per page after 5

Date of Request: _____

Name: _____

Address: _____

Phone: _____

E-Mail: (Required only for Traffic Accidents pending approval, payment required at time of request.)

Please state why you are requesting this information:

**This request shall be addressed and returned to you within a reasonable time
period, usually a period of three (3) days or less, with the exception of
extenuating circumstances, which, may take up to seven (7) days.
(State Statute 24-72-203).**

Signature: _____
By signing this I agree that the above information is correct, and agree to these terms.

For Office Use Only

Date Requested: _____ **Date Issued or Denied:** _____

Number of Pages: _____ **Amount Paid:** _____

Request Approved: [] Yes [] No

Reason for Denial:

Report Released By: _____ **Application Taken From:** _____