

EVIDENCE RELEASE REQUEST FORM

Return to:

Jeffersonville Police Department

2218 E. 10th Street Jeffersonville, IN 47130

Phone: (812) 283-6633 Fax: (812) 725-1441

Email: evidencerequests@jeffersonvillepdin.gov

NAME OF REQUESTING PARTY (**REQUIRED**): _____

COMPANY (if applicable): _____

ADDRESS: _____

CITY: _____

EMAIL ADDRESS (**REQUIRED**): _____

PHONE NUMBER: _____

DATE: _____

CASE NUMBER (**REQUIRED**): _____

IDENTIFY WITH REASONABLE PARTICULARITY THE ITEMS TO BE RELEASED:

EVIDENCE RELEASES ONLY OCCUR ON WEDNESDAYS AND MUST BE PRE-SCHEDULED

Inter-Office Use Only

DATE/TIME	TYPE	EVIDENCE TECH	DISPOSITION