

ACCESS TO PUBLIC RECORDS REQUEST

Return to:
Jeffersonville Police Department 2218 E.
10th Street Jeffersonville, IN 47130
(812) 283-6633
Fax: (812) 725-1441
Email:
records@jeffersonvillepdin.gov

NAME OF REQUESTING PARTY:

COMPANY (if applicable):

ADDRESS:

CITY:

STATE:

EST. 1802

ZIP CODE:

PHONE NUMBER:

EMAIL ADDRESS:

DATE:

TIME (if requesting in person):

IDENTIFY WITH REASONABLE PARTICULARITY THE INFORMATION TO BE REVIEWED:

Inter-Office Use Only

Date Request Received: _____ Date Request Denied (if applicable): _____

Employee Handling Request: _____ Reason Request Denied (if applicable): _____

Department/Division: _____ Amount Charged (if applicable): _____

Date Request Fulfilled: _____ Payment Collected and Processed: _____

Case/Incident Report: _____

PLEASE EMAIL COMPLETED REQUEST FORM TO THE RECORDS DIVISION