

## **Police Report Request**

Date Requested:	Fax	Pick Up	Email		
Requestor Information					
Agency:					
Name:			Phone #		,,
Email:			FAX #		
Report Requested					
Evidence Background Check	Poli	ce Report	Crash Report	DVD	Photos
Police & Crash Report Information					
Arrested / Involved:				· · · · · · · · · · · · · · · · · · ·	
Incident or Case #:				<del>-</del>	
Date/Time of Incident:					
Location of Incident:					
Officer's Name:					
Fees					
DVD # of copies (\$10.00 each for civilian requests) *					
Photos # of copies (\$1.00 for 1st page .50 a page there after for civilian requests) *					
Reports # of copies (\$1.00 for 1st page .50 a page there after for civilian requests) *					

\* The fees quoted above are basic charges and are subject to adjustment at the discretion of the Bloomfield Police Dept. administration.

Please email completed form to <a href="mailto:records@bloomfieldnm.gov">records@bloomfieldnm.gov</a>
Or fax to 505-632-6312