

**REQUEST FOR RECORD
NORMAN POLICE DEPARTMENT**

REQUESTING PARTY/AGENCY _____

ADDRESS _____

CONTACT INFO () _____ - _____ () _____ - _____
PHONE FAX E-MAIL

DATE OF REQUEST _____ TIME _____

CHECK THE APPROPRIATE BOX(ES) BELOW FOR INFORMATION REQUESTED

- CASE/ARREST REPORT # _____
- CALLS FOR SERVICE LISTING: RECORD CHECK
- 911 AUDIO* PHOTOGRAPHS* VIDEO*

PLEASE PROVIDE INFORMATION BELOW TO AID US IN OUR SEARCH

NAME/DATE OF BIRTH OF PARTY INVOLVED _____

LOCATION OR ADDRESS OF INTEREST _____

DATE OF INTEREST _____ THROUGH _____

ADDITIONAL DETAILS _____

*Requests for copies of available audio or video recordings, or photographs require authorization from the Chief of Police or his designee and/or City of Norman legal department, and may come with additional charges.

REQUEST APPROVED BY: _____ DATE _____