



# WEST LAFAYETTE POLICE DEPARTMENT

711 WEST NAVAJO • WEST LAFAYETTE, INDIANA 47906  
MAIN PHONE: 765-775-5200 • FAX: 765-775-5228

## REQUEST FOR PRODUCTION OF DOCUMENTS

Send the completed request form to the address or fax above, or by email to: records@wl.in.gov

Name of Person requesting documents \_\_\_\_\_

Address \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

Details of documents requested (i.e. police case number, date of incident, approximate time of incident, location of incident, names of those involved, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Case Number(s) if known: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Your Signature: \_\_\_\_\_



**Do not write in this area. For use by West Lafayette Police Department personnel**

Date and time received: \_\_\_\_\_ By: \_\_\_\_\_

Request:      APPROVED      DENIED      By: \_\_\_\_\_ Date and Time: \_\_\_\_\_

If denied, explanation for denial: \_\_\_\_\_

Date and time requestor was notified of approval/denial: \_\_\_\_\_

Released By: \_\_\_\_\_ Date and Time: \_\_\_\_\_

Fee: \_\_\_\_\_