



# SEMINOLE POLICE DEPARTMENT

## Request for Police Report

Case Number: \_\_\_\_\_ Date Requested: \_\_\_\_\_

Person Requesting: Mr./Ms. \_\_\_\_\_  
(Last Name) (First Name)

Involvement:  Victim  Complainant  Person Arrested  Owner  Driver  Passenger  
 Legal Representative – Name of Party Involved \_\_\_\_\_  
 Person under contract to provide claims \_\_\_\_\_  
(Name of Insurance Company)  
 Government Agency \_\_\_\_\_  Other \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### INFORMATION REGARDING INCIDENT

Name of Participant(s): \_\_\_\_\_

Date of Incident: \_\_\_\_\_ OR \_\_\_\_\_  
MM DD YY From To

Location of Incident: \_\_\_\_\_

Type of Incident: \_\_\_\_\_

### **INFORMATION REQUIRED (from the Requestor):**

Copy of valid Driver's License or other government issued photo identification; **OR**

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ AND  Last 4 of SS# \_\_\_\_\_

Directions for Sending Response:

Email: \_\_\_\_\_  U.S. Mail  FedEx (additional fee)

Reason for Requesting Police Report:

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

Please complete page 2, if applicable.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **For Official Use Only**

Released By: \_\_\_\_\_ ID #: \_\_\_\_\_

Verified by Photo Identification or  Personally Known  Other \_\_\_\_\_



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## Request for Copy of Police Report(s)

If this request is being made for any of the following purposes, please complete the following:

- Driving School
- Drug Rehabilitation Program
- Parole or Probation Officer
- Potential Employer
- Immigration Services

Name of Agency/Program/School/Employer: \_\_\_\_\_

Name of Contact Person at the Agency/Program/School/Employer: \_\_\_\_\_

Address of the Agency/Program/School/Employer:

Street: \_\_\_\_\_ Apt/Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Agency/Program/School/Employer Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Any other information the Agency/Program/School/Employer will need in order to associate the requested report with the requestor: \_\_\_\_\_