



MANDEVILLE POLICE DEPARTMENT RECORDS REQUEST

This is a request for records maintained by this Mandeville Police Department. These records or portions of them may not be public record under Louisiana State Law and may not be available for release in part or whole.

[1] Date of Request: _____ Time: _____ AM or PM
Requested By: _____ DOB: _____ DL#: _____
Requestor's Address: _____ Ph# _____
City: _____ State: _____ Zip: _____

[2] *The following information is needed to identify the correct record.*

Case Report # _____ Date and Time of Incident: _____
Documents Requested (describe): _____

Location of Incident _____
Person Involved in Report _____

[3] I am the:

- | | |
|--|---|
| <input type="checkbox"/> Victim | <input type="checkbox"/> Parent /Guardian of _____ |
| <input type="checkbox"/> Suspect/Arrested Person | <input type="checkbox"/> Attorney Representing _____ |
| <input type="checkbox"/> Witness | <input type="checkbox"/> Insurance Representative for _____ |
| <input type="checkbox"/> Owner of Vehicle/Property | <input type="checkbox"/> Other (Specify) _____ |

[4] I declare under penalty of perjury that the information indicated above is true and correct and I am the party of interest. Signature: _____ Date: _____

FOR DEPARTMENT USE ONLY

Received By: _____ Date: _____ Time: _____

Approved By: _____ Date: _____

APPROVED

REJECTED

Comments: _____

Referred to City Attorney: Yes No Date: _____ Time: _____