JT-065
Rev. 10/08

JEFFERSONTOWN POLICE DEPARTMENT
REQUEST FOR PUBLIC RECORDS

COPY OF ARREST / CITATION: [REQUESTED SUBJECT IDENTIFIERS]

Name _____ Date of Birth _____

Driver license # _____ Social security # _____ Citation/Arrest # _____
PHOTOGRAPH(s) Report / Incident # _____

TELEPHONE / RADIO
TRANSMISSION TAPE(s) Report / Incident # _____
OFFICER IN-CAR VIDEO Report / Incident # _____

INSPECTION OF PUBLIC RECORD (S) Explain details: _____
_____

_____

OTHER Explain details: _____
_____

_____

RECORD / INFORMATION RELEASED: _____

_____

NO RECORD FOUND

If you are requesting a record that cannot be processed today, please leave a telephone number and you will be contacted within 3 business days about the status of this request.

REQUESTING PERSON PRINTED NAME: _____ DATE _____

REQUESTING PERSON SIGNATURE: _____ PHONE # _____

INSPECTION WITNESSED BY: _____ CODE # _____ DATE: _____

RELEASED BY: _____ CODE #: _____ DATE: _____

THIS REQUEST IS: APPROVED _____ DENIED: reason _____
_____
_____

Copy for City Hall