

Public Records Request

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Date of Request: _____ Time: _____ Purchase a Copy Read Only

I hereby am requesting the following:

- Accident Report Photographs on CD Background Check
- Incident Report Narrative Squad Digital Video Recording Dispatch Event #

For Use as follows:

- Insurance Organization Attorney / Legal Representation
- Other – Please Explain _____

Accident / Incident Information Requested

Name and DOB of Insured / Represented Client _____

Claim# / Court Case Number _____ Cumberland P. D. Case # _____

Location of Accident / Incident _____

Date of Accident / Incident: _____

Requester Information

Contact Person _____

Business Name _____

Address _____

Telephone # _____ Fax # _____

Office Use Only

- Approved Denied No Record on File

Information Released

Legal Custodian

Date