



City of Seven Hills Police Department

A) Request for Public Records

While it is not mandatory, filling out this form will assist records personnel in identifying records you are requesting in a more timely and precise manner.

Name of Requestor: (please print)	
Street Address:	City, State, Zip
Phone#:	Today's Date:
Email address: (please print clearly):	

As specific as possible, please describe the records you seek. Please print clearly.

Date of incident: _____ Report No. (If known) _____
 Location of incident / description of incident: _____

 Name of person(s) involved: _____

The Seven Hills Police Department provides photocopies of public records according to the following schedule:

- Reports & Black & White Photos \$- .05 per page.
- Color Photographs \$1.00 per sheet.
- Digital Disc copies \$1.00 per disc

Mailing charges are assessed at actual cost.

Requested copies not listed above will be charged cost of material(s) used.

All requests require advance payment. Cost will be determined and requestor advised.

EXACT AMOUNT IS DUE FOR REQUESTED RECORDS. POLICE DEPARTMENT CANNOT PROVIDE CHANGE

Please check the correct box below

- I would like the records copied and I will pick the copies up when they are ready.
- I would like the records copied and mailed to me at the address listed above.
- I would like to inspect and review the records in the building when they are ready.
- I would like to wait for the records.

B) Public Records Request Disposition

Pursuant to Federal, State or Case Law - Record has not or has been released and contains non-releasable material.

SEE REVERSE SIDE

Below for Record Room Use Only

Report: number of pages ____ @ \$-.05 per page	Total Fee(s): \$ _____
B/W Photo(s): number of pages ____ @ \$-.05 per page	\$ _____
Color Photo(s)//Digital Disc(s) __ @\$1.00 per sheet/disc	\$ _____
Miscellaneous item(s) _____ @ \$ _____	\$ _____
<i>Receipt Number:</i> _____	<i>Amount Due:</i> \$ _____

Report supplied by:	File#:	Date Completed:
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