

**COLUMBUS POLICE DEPARTMENT
REQUEST FOR PHOTOS or VIDEO**

Please mail or fax this form to:

Columbus Police Department
123 Washington St
Columbus Indiana 47201
Fax: 812-376-2649

Requesting Agency / Person: _____

Contact Person: _____ Date: _____

Phone: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Your reference number for this case: _____

CASE INFORMATION:

Date of incident: _____ Incident Number (if known): _____

Type of incident (accident, battery, etc.): _____

Location of incident: _____

Person(s) involved (victim, driver,etc.): _____

Photos or Video will be provided on a CD or DVD unless otherwise requested.

An Administrative fee of \$50.00 will be applied to each disc.

Please contact Sgt. Richard Howell with any further questions.

Phone – (812) 376-2629 or rhowell@columbus.in.gov