

**COLUMBUS POLICE DEPARTMENT
REQUEST FOR
PHOTOS**

Please mail or fax this form to:

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

Requesting Agency / 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 will be provided on a CD or DVD unless otherwise requested.

An Administrative fee not to exceed \$50.00 will be applied to each CD/DVD or other storage format.

Received by: _____ **Date Received:** _____

Direct to: CPD Record's Division