

**COLUMBUS POLICE DEPARTMENT  
PHOTO REQUEST**

Please email or mail this form to:  
[Records@columbus.in.gov](mailto:Records@columbus.in.gov) or  
Columbus Police Department  
123 Washington St. Columbus, IN 47201

Requesting Agency/Person \_\_\_\_\_ Date of Request: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Your Reference number for this case: \_\_\_\_\_

**CASE INFORMATION:**

Date of Incident: \_\_\_\_\_ Incident number (if known): \_\_\_\_\_

Type of Incident: \_\_\_\_\_

**Involved Parties:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Brief Description of Event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Photos will be provided on a CD

An administrative fee of \$5.00 will be applied to each CD or other storage format used.

Payment is required before this request is processed and completed.

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Date to Admin Captain: \_\_\_\_\_

Response Date: \_\_\_\_\_ Request #: \_\_\_\_\_