

COLUMBUS POLICE DEPARTMENT

Report/Information Request Form

Access to Public Records (Act I.C. 5-14-3)

Please Email or Mail this Form to:

Records@columbus.in.gov

OR

Columbus Police Department
123 Washington St. Columbus, IN 47201

Requesting Person/Agency: _____

Date of Request: _____ Phone Number: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Incident/Report Number: _____ Name & DOB of Involved: _____

Incident Date: _____ Incident Location: _____

Reason for Request: _____

Brief Description of Incident

OR

List Specific Information You Are Requesting:

For Office Use Only:

Date Received: _____ Received By: _____

Date Acknowledged: _____ Request #: _____