Nez Perce Tribal Police Department
Public Record Request Form

Type of Request: □ Criminal History □ Police Report ___________ □ Associated Persons

Requestors Information
Last Name __________________________ First Name ______________________ Title________________________
Organization/Department _________________________________________________________________________
Address _________________________________________________________________________________________
City/State/Zip ___________________________________________________________________________________
Phone ________________________________________ Email ____________________________________________
Fax ___________________________________________
I prefer to receive the information in the following format: □ In Person □ Mail □ Fax _________________
Signature __________________________________________ Date & Time _____________________________

Incident Information
Date of Incident _________________ Type of Incident _______________________ Case Number ______________
Location of Incident ___________________________ Investigating Officer _______________________
Person(s) Involved _______________________________________________________________________________
_________________________________________________________________________________________________
Additional Information ____________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

FOR OFFICE USE ONLY
□ Approved □ Request Denied
Chief of Police Signature ___________________________ Date ___________
□ Forward to Prosecutor Date Sent to Prosecutor ________________
□ Approved by Prosecutor □ Denied by Prosecutor
Prosecutor Signature ___________________________ Date ___________
Comments ___________________________

Requester was notified on ____________________ (Date/Time). # of Copies ______ @ $1.00/ea = $__________
Total Due $ ____________________ Employee Signature ___________________________