



CITY OF SUMNER
POLICE DEPARTMENT

Brad Moericke, Chief

RECORDS DISCLOSURE REQUEST

DATE OF REQUEST _____ CASE NUMBER _____

TYPE OF INCIDENT _____

TIME OF REQUEST _____ DATE OF INCIDENT _____

LOCATION OF INCIDENT _____

RECEIVED BY: ☐ FAX ☐ FRONT COUNTER ☐ MAIL ☐ PHONE

NAME OF PERSON INVOLVED IN CASE _____

YOUR NAME: _____
Print Full Name Signature

ADDRESS _____

PHONE NUMBER (Day) _____ (Evening) _____

YOUR INVOLVEMENT IN CASE (i.e.: Driver, Victim, Attorney, Defendant, Etc.) _____

REASON FOR REQUEST (not required, but may help us to identify the records you are requesting)

Note: The following charges apply for the copying of Accident or Case Reports: Reports under 20 pages are free, any additional pages are 15 cents each.

FOR OFFICIAL USE ONLY

Reviewed By: _____ Date: _____ Approved [] Yes [] No

Date Disseminated: _____

What Was Released: _____

Declined: _____

Amount Charged _____ Specialist: _____ Per # _____

Notes: _____