

# MOREHEAD POLICE DEPARTMENT

## REQUEST FOR RELEASE OF INFORMATION/OR PUBLIC RECORDS

(This form may be filled in and printed. Click on line or box to access fields)

TYPE OF INCIDENT:

Accident  
Case report  
Complaint  
Other

DATE OF INCIDENT: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yyyy)

PERSON(S) INVOLVED: \_\_\_\_\_

---

---

---

---

---

COMMENTS: \_\_\_\_\_

---

---

---

---

Name: (Please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(This form must be signed. It may be mailed, faxed or hand delivered to the Morehead Police Department)