

**CITY OF JEFFERSON POLICE DEPARTMENT
OPEN RECORDS REQUEST**



DATE: _____ PHONE: _____

NAME: _____

ADDRESS: _____

Report number or information being requested (If possible, provide date(s), location, or anything additional that will assist us in the accurate search for the records you are requesting. If you are not specific enough with your request, it could result in an incomplete record search for you):

- I request all written statements in addition to the above listed report. \$0.25/sheet
- I request all photographs taken regarding the above listed report. \$10 (1-9 photos), \$20 (10-19 photos), \$30 (20-30 photos)
- I request all video recordings regarding the above listed report. \$20 for each disc copy

OPEN RECORDS REQUESTS WILL BE REVIEWED BY THE CHIEF OF POLICE (MONDAY THROUGH FRIDAY 8:00a.m. – 4:00p.m.) TO ENSURE THAT THE REPORT/INFORMATION BEING REQUESTED IS LEGALLY AVAILABLE TO YOU UNDER THE OPEN RECORDS LAW. UPON RELEASE OF THE RECORDS, YOU WILL BE CONTACTED AT THE PHONE NUMBER YOU HAVE PROVIDED AND ADVISED OF ANY PHOTOCOPY OR OTHER FEES DUE. ONCE YOU HAVE BEEN CONTACTED THAT THE RECORDS ARE AVAILABLE TO YOU, THE RECORDS CAN THEN BE PICKED UP AT THE POLICE DEPARTMENT MONDAY THROUGH FRIDAY 8:00a.m. – 11:00p.m. EXCLUDING WEEKENDS AND LEGAL HOLIDAYS.

***Note: Faxed, mailed or email copies of reports are \$1.00 per sheet.

****For department use only****

name/date of employee(s) who compiled requested records: _____

date released by Chief of his/her designee and fee due: _____

date requestor notified to pick up records: _____

date records picked up: _____