

KETCHIKAN POLICE DEPARTMENT

361 MAIN STREET, KETCHIKAN, AK 99901
PH: 907-225-6631 FX: 907-247-6631



REQUEST FOR COPY OF POLICE REPORT

Date of Incident: _____ KPD Case # _____
(Completed by KPD)

Description of Incident: _____

Name of Individuals involved: _____

Reason For Request: Insurance Personal Other

Information to Requestor:

I understand that the report will be held no longer than 30 days after approval and I am responsible for contacting the Ketchikan Police Department to check on the status of my request.

I understand that all police reports must be approved for release by the City Attorney's Office which can take 3 to 5 business days for processing and that the Ketchikan Police Department does not control the length of time for approval.

Signature: _____ Date: _____

Print Name: _____

Requestor's relationship to those involved: _____

Mailing Address: _____

Phone #: _____ Fax#: _____

Email: _____

DV Related incident? YES / NO	Date submitted to MAO: _____
Intake Dispatcher: _____	Release: Approved <input type="checkbox"/> Denied <input type="checkbox"/>
<i>(For office use only)</i>	