GRANNIS POLICE REPORT REQUEST FORM

PO BOX 298

Grannis, AR 71944

Accident Reports Fees …… Please make your check payable to "City of Grannis"

Incident Report Fees …… (Fees will be calculated based on the number of pages in the report.)

Include a *Copy of your Photo I.D.* AND your *Check* made out to:

"City of Grannis"

Fees Change Annually – For an updated Fee Amount Please Call: (870) 385-7216

If your were cited or arrested in relation to the requested crime report, contact the District Attorney's office for the requested documents at (479) 394-8140

Please complete all four sections below and sign: ONLY <u>one report per request form</u>. Please provide as much information as possible. This form may be delivered in person or mailed to the police department.

Please include a self-addressed stamped envelope to ensure prompt delivery.

(Type out information or print out and fill in by hand.)

1. Your Name: _____ _____
First Name Last Name

Address: _____ _____ _____ _____ _____
Street Number Street Name City State Zip Code

Telephone: _____
Include Area Code

2. Check applicable type of report:

Traffic Accident ☐ Incident Report ☐

Case Report Number _____

Date of Incident _____

Location of Incident: _____

Cross Street: _____

Other Party Involved: _____

3. I certify that I am:

Named in the report: ☐ (Check this box to certify that you are named in the requested report.)

An Insurance Agent: _____
(Name of Company)

A Government Agency: _____
(Name of Agency)

An Authorized Representative of: _____
(Person Named in the report)

4. Please provide in complete detail your reason for requesting a copy of this report:

_____

_____

_____

Signature: _____ Date: _____

Driver's License Number: _____ State: _____