



Hayti Police Department

300 Broadway St., Hayti, MO 63851
Phone: 573-359-6348 Fax: 573-479-7174
Email: Cityofhayti@haytipolice.org

If you were cited or arrested in relation to the requested crime report, contact the Prosecutors Office for the requested documents.

ONLY **ONE REPORT REQUEST PER FORM.** Please provide as much information as possible. This form may be delivered or mailed to the police department. Please allow **3-5 business days** for the report to be ready. You must provide a valid state issued ID for pickup. Failure to complete this form may result in the request being denied. Certain Details may be removed from the report to protect personal data.

1.	Your Name: _____ First Name Last Name Middle				
	Address: _____ Street Number Street Name City State Zip Code				
	Telephone: ____ - ____ - ____ Email: _____				
2.	Check applicable type of Report:				
	Crime Report <input type="checkbox"/> Traffic Accident <input type="checkbox"/> Other <input type="checkbox"/>				
	Date of Incident: _____				
	Location of Incident: _____				
	Incident Type: _____				
	Other Party(s) Involved: _____				
3	I certify I am:				
	Named in the report <input type="checkbox"/> (check this box to certify that you are named in the requested report.)				
	An Insurance Agent: _____				
	A Government Agency: _____				
	An Authorized Representative of: _____				
4	Please provide in complete detail your reason for requesting a copy of this report:				
	_____ _____ _____ _____				
	Signature: _____ Date: _____				
	Driver's License/ID Number (Required): _____ State: _____				
	Signature: _____ Date: _____				
POLICE DEPARTMENT USE ONLY					
	Officer: _____ DSN: _____ Date: _____				