## **Logansport Police Department**

TRAVIS YIKE
Chief of Police



## SHAWN HEISHMAN Assistant Chief of Police

## **ACCESS TO PUBLIC RECORDS REQUEST**

NAME OF REQUESTING PARTY: \_\_\_\_\_\_\_DOB: \_\_\_\_\_

COMPANY (IF APPLICABLE): \_\_\_\_\_\_

## **RETURN TO:**

Records Clerk
Logansport Police Department
601 E Broadway
Logansport, IN 46947

FAX: 574-753-0513

Email: khoover@logansportpolice.com

ADDRESS:			
CITY:		STATE:	ZIP CODE:
PHONE NUMBER:		EMAIL:	
	-		proximate time of incident, location of in) use back of paper if needed.
Date of Request:	Yo	ur Signature:	
		Inter-Office USE ONLY	
Fulfilled: ——	Date:	Employee Initials:	Amount Charged: §
Denied: ——	Reason Request Denie	d:	

601 E. BROADWAY LOGANSPORT, IN 46947