

# Logansport Police Department

**TRAVIS YIKE**  
Chief of Police



**SHAWN HEISHMAN**  
Assistant Chief of Police

## ACCESS TO PUBLIC RECORDS REQUEST

### RETURN TO:

Records Clerk  
Logansport Police Department  
729 High Street  
Logansport, IN 46947  
FAX: 574-753-0513  
Email: [amichael@logansportpolice.com](mailto:amichael@logansportpolice.com)

NAME OF REQUESTING PARTY: \_\_\_\_\_ DOB: \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DETAILS OF DOCUMENTS REQUESTED (case number, date of incident, approximate time of incident, location of incident, names and DOB of those involved, any other related information) use back of paper if needed.

Date of Request: \_\_\_\_\_ Your Signature: \_\_\_\_\_

### Inter-Office USE ONLY

Fulfilled: \_\_\_\_\_ Date: \_\_\_\_\_ Employee Initials: \_\_\_\_\_ Amount Charged: \$ \_\_\_\_\_

Denied: \_\_\_\_\_ Reason Request Denied: \_\_\_\_\_