## **Logansport Police Department**

## SHAWN HEISHMAN Chief of Police



NATHAN GARRISON
Assistant Chief of Police

\_\_\_\_\_ DOB: \_\_

## **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

NAME OF REQUESTING PARTY: \_

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CONTAINT (IF APPLICA	DLL)	
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:	