

Logansport Police Department



SHAWN HEISHMAN
Chief of Police

JASON SHIDELER
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

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: _____