



Wentzville Police Department
REQUEST FOR COPY OF REPORT

Date of Request: _____

Name of Person making request: _____

Address: _____

Phone: _____ Business Phone: _____

Signature: _____

Report Number: _____

Individual's name involved in incident: _____

Type of Incident: _____

Date of Incident: _____

Location of Incident: _____

Choose one of the following:

___ Involved in the incident ___ Insurer of person involved in incident

___ Attorney of person involved in incident ___ Other, explain: _____

Reason for request: _____

There will be a \$5.00 fee for each report requested. Cash or money order payable to the City of Wentzville.

Some requests will involve extensive and lengthy searches of police records. State Statute allows for a reasonable length of time to allow the information to be gathered.

Office use only

Driver's license/other identification _____

Date sent/issued: _____