



**REQUEST FOR PRODUCTION OF DOCUMENTS
LAFAYETTE POLICE DEPARTMENT**

***NAME OF PERSON REQUESTING DOCUMENTS** _____

***ADDRESS** _____

***TELEPHONE** _____

***TYPE OF DOCUMENT REQUESTED** _____

***DATE, TIME AND LOCATION OF INCIDENT** _____

***NAME OF INVOLVED PARTIES (OTHER THAN POLICE OFFICERS)** _____

TYPE OF INCIDENT _____

CASE NUMBER (IF KNOWN) _____

OTHER DETAILS _____

DATE OF REQUEST _____ **SIGNATURE** _____

***INDICATES REQUIRED INFORMATION. REQUEST WILL NOT BE CONSIDERED UNLESS PRESENT.
[Indiana Code 5-14-3-3(2)(i)]**

LAFAYETTE POLICE DEPARTMENT USE ONLY – DO NOT WRITE OR TYPE IN THIS AREA.

DATE AND TIME RECEIVED _____ **RECEIVED BY** _____

SIGNATURE AUTHORIZING RELEASE _____

UNABLE TO BE RELEASED/NEEDS SUBPOENA/NEEDS TO CONTACT PROSECUTOR/OTHER _____

EXPLANATION _____