

# Nez Perce Tribal Police Department

## Public Record Request Form

(208) 843-7141 | Fax (208) 843-5337  
210 Bever Grade | PO Box 365  
Lapwai, ID 83540

Type of Request:  Criminal History  Police Report \_\_\_\_\_  Associated Persons

### Requestors Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Title \_\_\_\_\_

Organization/Department \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Fax \_\_\_\_\_

I prefer to receive the information in the following format:  In Person  Mail  Fax \_\_\_\_\_

Signature \_\_\_\_\_ Date & Time \_\_\_\_\_

### Incident Information

Date of Incident \_\_\_\_\_ Type of Incident \_\_\_\_\_ Case Number \_\_\_\_\_

Location of Incident \_\_\_\_\_ Investigating Officer \_\_\_\_\_

Person(s) Involved \_\_\_\_\_

Additional Information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### FOR OFFICE USE ONLY

Approved  Request Denied

Chief of Police Signature \_\_\_\_\_ Date \_\_\_\_\_

Forward to Prosecutor Date Sent to Prosecutor \_\_\_\_\_

Approved by Prosecutor  Denied by Prosecutor

Prosecutor Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

Requester was notified on \_\_\_\_\_ (Date/Time). # of Copies \_\_\_\_\_ @ \$1.00/ea = \$ \_\_\_\_\_

**Total Due \$** \_\_\_\_\_ **Employee Signature** \_\_\_\_\_