PUBLIC RECORDS REQUEST FORM

CITY OF ASHEBORO POLICE DEPARTMENT

INSTRUCTIONS

Type or print all information completely. This form is not required to make a request, but helps the police department with tracking and responding to public records request.

Name: _____ Today's Date: _____

Address: _____

E-mail: _____

Telephone Number: _____ Fax Number: _____

Description of Records Requested (Please be as specific as possible): _____

_____

_____

_____

- ☐ I would like to inspect the record(s) requested.
- ☐ I would like copies of the record(s) requested.
- ☐ Please tell us how you would like for the police department to respond to your request.
  - ☐ Pick-up in person
  - ☐ Fax
  - ☐ E-mail
  - ☐ U.S. Mail
  - ☐ Other: _____

Special Instructions (if any): _____

FOR INTERNAL USE ONLY

How Request Was Received:

☐ Walk-In ☐ Phone ☐ Fax ☐ E-mail ☐ Other: _____

Response Due Date: _____ Completion Date: _____

How Response Was Completed:

☐ Pick-Up ☐ Mail ☐ Fax ☐ E-mail ☐ Other: _____

Number of pages: _____