



# SOLDOTNA POLICE DEPARTMENT

44510 Sterling Highway  
Soldotna, Alaska 99669  
Tel: (907) 262-4455 Fax:(907) 262-4421



## Records Request

**CASE NUMBER** \_\_\_\_\_ **INCIDENT NUMBER** \_\_\_\_\_

Your name: \_\_\_\_\_  
Last Name First Name MI

Mailing address: \_\_\_\_\_  
City State Zip

Phone number: \_\_\_\_\_

Date of incident: \_\_\_\_\_

Incident type: \_\_\_\_\_

Name of person(s) involved: \_\_\_\_\_

Reason for request: \_\_\_\_\_

\_\_\_\_\_

*You will be contacted by phone when your copy is ready. Reports must be picked up within 2 weeks of notification.*

**Fee Schedule: The following fees are non-refundable and paid at the time of request:**

Report copies \$ 5.00 (page 1 – 10), \$.50 each additional page  
CD/DVD/Media \$15.00 per CD

**Amount charged \$** \_\_\_\_\_ **Receipt #** \_\_\_\_\_ **Date Released:** \_\_\_\_\_

**Time Accrued:** \_\_\_\_\_ (Min/Hrs) **Copy to COS City Clerk:** \_\_\_\_\_

\_\_\_\_\_ **REQUEST APPROVED**

\_\_\_\_\_ **REQUEST DENIED FOR THE FOLLOWING REASON:**

- \_\_\_\_\_ Pending investigation or adjudication
- \_\_\_\_\_ No record of incident
- \_\_\_\_\_ Information protected under AS 40.25.120(a)(6)(c)

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_