

Portage Police Department
Full Report Request Form

Date requested: _____ (in person / telephone / fax)

Name: _____ Phone #: _____

Case #: _____ Fax #: _____
(if requesting to be faxed)

Address: _____
(if requesting to be mailed or e-mailed)

If case number is not known, please provide details about incident, such as date, address, & type of incident:

Records Division
Business hours: Monday thru Friday 7am-11pm
Saturday & Sunday 8am -4pm
(Closed on Holidays)

If this written request is submitted in person, the records division will have the report ready within 24 hours (if submitted during Monday thru Friday business hours). If submitted during non-business hours, the report will be ready 24 hours after the next business day. If the request is submitted by fax, e-mail, or mail, the report will be ready within 7 days. If the report request is denied, you will be notified.

I.C. 5-14-3-4: Records that are not releasable: Patient medical records (including involuntary & voluntary commitments), victim of sex crime info, juvenile information (even if you are the parent), any foster parent information, Social Security #'s, Driver's License #'s, phone numbers, or any record of an autopsy. If any of this information is included in the full report, it will be blacked out or removed from your copy of the report. If a report is still under investigation by our department or any other department, it is not releasable. Any investigatory part of a report, including any supplements or statements taken during an investigation, is also not releasable, therefore the request will be denied and you will be notified.

City Ordinance Report Copy Fee: \$1.00 per page (if mailed – postage fee additional)

\$ _____ Paid on _____
(amount) (date) (records clerk signature)