



# Florence Police Department Records Request

\_\_\_\_\_  
Name of Requesting Individual

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Address, City, State, ZIP

\_\_\_\_\_  
Contact Phone Number

If requesting party is an employee of Law Enforcement or Justice Agency, please fill in below.

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Badge #

\_\_\_\_\_  
Unit #

**This section is to be filled out if requesting copy of police report. If requesting multiple reports, list additional information on back of page.**

\_\_\_\_\_  
Name of Individual Involved

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Location of Incident

\_\_\_\_\_  
Date/Time of Incident

\_\_\_\_\_  
Type of Incident

\_\_\_\_\_  
Case #

**This section is to be filled out if requesting a background check on an individual.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Race

\_\_\_\_\_  
Sex

\_\_\_\_\_  
SSN #

\_\_\_\_\_  
SID #

\_\_\_\_\_  
FBI #

\_\_\_\_\_  
AKA NAME

\_\_\_\_\_  
AKA DOB

\_\_\_\_\_  
Name

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Race

\_\_\_\_\_  
Sex

\_\_\_\_\_  
SSN #

\_\_\_\_\_  
SID #

\_\_\_\_\_  
FBI #

\_\_\_\_\_  
AKA NAME

\_\_\_\_\_  
AKA DOB

Purpose of Request:

Personal   Criminal Investigation   Employment Check   Commercial

If Commercial, what will it be used for: \_\_\_\_\_