



NEW HAVEN POLICE DEPARTMENT

**Records Department
815 Lincoln Hwy E.
New Haven, IN 46774
260-748-7084 Fax: 260-493-1726**



**Jeffrey J. McCracken
Chief of Police**

**Terry E. McDonald
Mayor**

REQUEST FOR ACCESS TO PUBLIC RECORDS

Return to:

New Haven Police Department
ATTN: Records Department
815 Lincoln Highway East
New Haven, IN 46774

NAME OF REQUESTING PARTY: _____
COMPANY (if applicable): _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PHONE NUMBER: _____ EMAIL ADDRESS: _____
DATE: _____ TIME (if requesting in person): _____

DESCRIBE RECORDS YOU WISH TO REVIEW (Attach additional page if necessary): _____

Incident Number(s) _____, _____, _____

Report Copy _____ Background Check _____ Case Photos Copy _____ Video/Audio Copy _____

IF THIS REQUEST INCLUDES CRIMINAL HISTORY INFORMATION, PROVIDE THE FOLLOWING ADDITIONAL INFORMATION:

NAME OF SUBJECT: _____
ADDRESS: _____
DATE OF BIRTH: _____
ORGANIZATION REQUESTING PARTY REPRESENTS: _____
SPECIFIC DATE/RANGE REQUESTING INFORMATION: _____

Additionally, the subject of the criminal history request must sign the following waiver:

By signing, I hereby authorize the New Haven Police Department and I hereby give my consent to release all criminal history information regarding myself as that information appears in the records of the New Haven Police Department for the purpose of employment or personal use. I hereby waive, release and surrender any and all rights to claims which I may have against the City of New Haven or the New Haven Police Department as well as any of the officers/employees of the City of New Haven which may arise as a result of the release of this criminal information.

Date: _____ (Signature) _____

FOR AGENCY USE ONLY

Date Request Received: _____ Date Request Denied (if applicable): _____
Employee Handling Request: _____ Reason Request Denied (if applicable): _____
Department/Division: _____ Amount Charged (if applicable): _____
Date Request Fulfilled: _____ Payment Collected/Processed: _____