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**REQUEST FOR PRODUCTION OF DOCUMENTS
LAFAYETTE POLICE DEPARTMENT**

lpdrecords2@lafayette.in.gov

*NAME OF PERSON REQUESTING DOCUMENTS _____

*ADDRESS _____

*EMAIL ADDRESS _____

*TELEPHONE _____

*TYPE OF DOCUMENT REQUESTED _____

*DATE, TIME AND LOCATION OF INCIDENT _____

*NAME OF INVOLVED PARTIES (OTHER THAN POLICE OFFICERS) _____

TYPE OF INCIDENT _____

CASE NUMBER (IF KNOWN) _____

OTHER DETAILS _____

DATE OF REQUEST _____ SIGNATURE _____

*INDICATES REQUIRED INFORMATION. REQUEST WILL NOT BE CONSIDERED UNLESS PRESENT.
[Indiana Code 5-14-3-3(2)(i)]

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DATE AND TIME RECEIVED _____ RECEIVED BY _____

SIGNATURE AUTHORIZING RELEASE _____

UNABLE TO BE RELEASED, NEEDS SUBPOENA/TO CONTACT PROSECUTOR/OTHER
EXPLANATION _____