

Pearl River Police Department

39470 Willis Alley, Pearl River, LA 70452 Phone: (985) 863-5711 E-mail: info@pearlriverpolice.com

PUBLIC RECORDS REQUEST FORM

The Pearl River Police Department will respond to all public records requests **within 3 business days from receipt**. A copy of the requestor's photo ID must be presented at the time of request. You will be notified via telephone when your report is ready for release. Fees are per report up to 10 pages and \$1 per page after 10.

Under Louisiana Public Records Law, <u>CASES STILL UNDER INVESTIGATION OR A CRIMINAL ARREST PENDING A COURT HEARING</u> are <u>NOT RELEASEABLE</u>. Requests for <u>DISCOVERY</u> should be submitted to the respective court. For Accident Reports you <u>MUST BE</u> a party involved or an attorney/insurance company representing a party involved.

Police Department's law enforcement ju	risdiction and for th	
Date of Request:		
Requestor's Name:		Phone No
Address:		
City:	State:	Zip Code:
Records Check: Date of Birth Driver's License No		
I agree not to use, share or disseminate any information pertaining to the record other than for lawful purposes. I understand that I am responsible for all processing fees once the record is requested, unless the record is deemed not releasable.		
Signature of Requestor:		Date:
Information Request: □ Incident (\$25) □ Accident Report (\$20) □ Background (\$25) □ Other: (please specify)		
Case Information:		
Nature of Incident:	Inc	cident Location:
Date/Time: Report/Item #:		
Involved Persons:		
PRPD Use Only:		
☐ Approved (date and initial)	Receipt #	Paid: \$
☐ Denied (date and initial)	Reason:	
☐ Pending (date and initial)	Reason:	
Requestor notified of status of request: Date/Time/By:		