DECATUR POLICE DEPARTMENT

REQUEST FOR PUBLIC INFORMATION

Form must be emailed to ebutler@decaturin.org or mailed to Decatur PD, 112 S 7th St, Decatur IN 46733

Name:				
City: _		State:	Zip:	
Reque	 I am seeking information on Daily Log information as lists. Arrested, summoned or is based; circumstances. Daily log of suspected continue and nature time and nature. If incident is an an	case #ed under IC 5-14-3 continvolved person's national fines, accidents or continues, accidents or continues, accidents or continues, accidents or continues, accidents or continues and location of all continues are and location of or as listed under IC 35-description of injuried all police report* on Content processes Requit, Indiana Code 5-14-3-1 (Indiana Code 5-14-3-1) (Indiana Code 5-14-3-1) (Indiana Code 5-14-3-1) (Indiana Code 3-14-3-1) (Indiana Code 3-14-3-3-1) (me, age, and address cation; and investigate implaints including: omplaints or requestiem. action: ccurrence; name and address s, property or weapo case #ests for Public Informs. That statute allows the Decatur Police Ed above under Daily Les, which include Arress	ation in compliance with the Indiana law enforcement agencies to withhold Department does not provide copies of Log information) requires law enforcement and Daily Log information.
Date S	Span of Search/From: Se be specific. Detail the informer place addresses, list each addresses.	ation you are searchin	ng (location, person, t	\$5 initial fee to start search) ype of calls/crimes, etc.) If searching
		LOD)		
Requ	esting Photos and/or Recordin	ngs:		
Case	#:		Photos	\$20 per case on CD
Case :	#:		Video Recording	\$20 per case on DVD

NOTE: Upon receiving this completed form, the Decatur Police Department may need to review its files to determine if the requested records exist and are disclosable, and will contact you soon thereafter to advise you of its determination. If your request is denied, you will be given written notice of the statutory authority for the denial and the name and title of the position of the person responsible for the denial.

Signature:		Date of Request:		Time:	
		MAIL	701		
			USE ONLY***		
	COMPLETED DATE:		NAME:		
	Contacted by: Mail	Phone E-m	nail Other _		Α.
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