



FORT WAYNE POLICE DEPARTMENT
Access to Public Records Request *APRA*
 1 E. Main St.
 Fort Wayne, IN 46802
 (260) 427-2020 Fax: (260) 427-1304



REQUEST FOR ACCESS TO PUBLIC RECORDS

Name of Requesting Person: _____

Phone: _____ Email: _____

Organization requestor represents: _____

Are you requesting a report you filed: **YES** _____ **NO** _____

If yes, Name of person you are requesting information on: _____

SSN or DOB of the person you are requesting information on: _____

Address of person you are requesting info on: _____

Specific information you are requesting: Control #'s _____

Dash Cam _____ Officer Body Cam _____

Report(s) _____ Accident/Crash Report _____

Specific date/date range requesting information on: _____

This request is () for permission to inspect records. () to request a copy of records.

I understand a fee may be charged for records. Signature: _____

Please Include Photo Copy of Valid ID

*****PRE-PAYMENT MAY BE REQUIRED PRIOR TO PRODUCING DIGITAL EVIDENCE*****

FOR AGENCY USE ONLY- PLEASE DO NOT WRITE BELOW THIS LINE

Name of Person receiving the request: _____

Date and Time Request was received: _____

Disposition of Request: Request () DENIED () GRANTED

If denied, reason(s) for denial: _____

Disposition Date & Time: _____

Approved by: _____ FEE: \$ _____