



WABASH POLICE DEPARTMENT

Access to Public Records Request APRA

1340 Manchester Ave.

Wabash, IN 46992

260.563.1112



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 NO, 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 date / date range of incident(s): _____

Specific information you are requesting: _____

Dash Cam

Officer Body Cam

Report(s)

Photos

This request is for: Permission to inspect records To request a copy of records

*Please include a photocopy of a valid I.D. and the requestor's current address.

*I understand that fees will be charged for copies of records.

*Prepayment may be required before producing copies of digital records.

*Signature: _____

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

Person receiving request: _____

Date / Time request was received: _____

Disposition of request: Denied Granted

Reason for denial (if applicable): _____

Disposition date / time: _____

Approved by: _____ Fee: _____