

PUBLIC RECORDS REQUEST FORM

TYPE OF REQUEST:

- Citizen or Private Attorney ** (RESTRICTED COPY)
- Court Order/State Attorney, Fire Marshall, Law Enforcement Agency (FULL COPY)
- Internal Complaint Review/Critique (FULL COPY)
- Incident Review/Training (FULL COPY)

INCIDENT ACCIDENT REPORT VIDEO AUDIO TAPE OR CD
 BACKGROUND OTHER: _____

REQUESTOR'S NAME: _____ PHONE #: _____
AGENCY: _____ (Use N/A if citizen request)

UCFPD EMPLOYEE CONTACT NAME: _____
REQUEST REVIEWED/APPROVED BY: _____

UCFPD INTERNAL REQUEST

NAME: _____ SHIFT: _____
REQUEST APPROVED BY SUPERVISOR _____ DATE: _____

DESCRIPTION OF INCIDENT:

TYPE OF INCIDENT: _____ CASE NUMBER: _____
DATE OF INCIDENT: _____ TIME OF INCIDENT: _____
LOCATION OF INCIDENT: _____

INFORMATION REQUESTED:

(Please describe specifically what information you are seeking, ([ie: 911 call information])

DATE OF REQUEST: _____ DATE RECEIVED: _____
DATE COMPLETED: _____ DATE RELEASED: _____
RELEASING AGENT: _____ FEE TOTAL: _____

** Florida State Statute 365.171 requires that the name, address, telephone number and other information that identifies a 911 caller be removed from the record before it can be released, except to another law enforcement agency or under court order. Record requests made for internal use (CANNOT) be released to citizens, because this confidential information is not deleted.