



# Farmington Public Safety Department

## REPORT CLEARANCE REQUEST

DATE / TIME REQUESTED: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

INCIDENT TYPE: \_\_\_\_\_

REQUESTING PARTY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### TYPE OF REQUEST

DISCOVERY:  REPORT:  CITATION:  PHOTOS:

OTHER: \_\_\_\_\_

### ACTIONS

RETURN BY (CIRCLE): MAIL / PICK UP

EMPLOYEE PROCESSING THE REQUEST: \_\_\_\_\_

*FORWARD THE REQUEST TO RECORDS FOR REVIEW*

RECEIVED BY RECORDS: \_\_\_\_\_ DATE: \_\_\_\_\_

CLEARED FOR RELEASE BY: \_\_\_\_\_ DATE: \_\_\_\_\_