

**FARMINGTON POLICE DEPARTMENT
- RECORDS DIVISION -
REQUEST FOR DI-9 STATE ACCIDENT REPORT**

“A request form must be filled out for each case you wish to receive.”

REQUESTER PERSONAL INFORMATION:

| | | | |
|----------------------|--------------|-------------|--|
| Name: _____ | | | |
| Address: _____ | | | |
| City: _____ | State: _____ | Zip: _____ | |
| Phone(s) Home: _____ | Work: _____ | Cell: _____ | |

Case Number : _____

Date of Occurrence: _____

Location of Occurrence: _____

Name of Person(s) Involved:

1. _____
2. _____
3. _____
4. _____

REASON FOR REQUEST:

- _____ Requestor has criminal charges currently pending.
- _____ Parent or legal guardian of an un-emancipated minor who is the victim, subject, witness and or suspect of this report.
- _____ Parent or legal guardian of an incapacitated individual who is the subject of the record.
- _____ Requestor is the person who submitted the record.
- _____ Insurance Company.
- _____ Other. Explain: _____

*****I understand that the city charges a \$5.00 fee for each record that is requested and that copies will be provided subject to fees being paid. I also understand that as soon as reasonably possible, but no later than ten business days after signing this written request I will be notified whether my request was approved or denied.**

Signature

Date