

HIGHFILL POLICE DEPARTMENT REQUEST FOR POLICE REPORTS

Requestor's Name (PLEASE PRINT): _____

Requestor's Day Phone: _____ Requestor's Cell Phone: _____

Date of Request: _____

When requesting copies of Highfill police reports, the following specific information is needed to ensure that the correct report is created for you from our files. Please direct any questions you may have to the Highfill Police Department at (479) 736-1211 or (479) 736-5711 during regular business hours of 8:00 a.m. to 12:00 p.m., and 1:00 p.m. to 5:00 p.m., Monday through Friday.

Please check the box next to the type of report requested:

<u>Type</u>	<u>Charge</u>	<u>Number of Copies</u>	
<input type="checkbox"/> Accident Report	\$10.00 per copy	_____	\$____.____
<input type="checkbox"/> Supplemental Accident Reports	\$ 1.50 per page	_____	\$____.____
<input type="checkbox"/> Traffic Violation Report	\$10.00 per copy	_____	\$____.____
Total Submitted (Check or Money Order Only)			\$____.____

Checks must be payable to **Highfill Police Department**.

Mail to: 11978 Highfill Avenue, Gentry, Arkansas 72734, and enclose a self-addressed, stamped envelope.

INCIDENT INFORMATION:

NAME: (Driver, Victim or Suspect)

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NOTE: On an accident report, the name listed on the driver's license will most likely be used.

DATE OF BIRTH: (mm/dd/yy) -----

DRIVER'S LICENSE INFORMATION:

State:-----

Number:-----

LOCATION OF INCIDENT/ACCIDENT: (Specify STREET ADDRESS, INTERSECTION, or NEAREST CROSS STREET)

DATE AND TIME OF INCIDENT/ACCIDENT:

Note: Some cases will not be released due to on-going investigations or pending arrests. Juvenile name(s) may not be included depending on the type of report requested.