



Madisonville Police Department Open Record Request

Name: _____

Title: _____

Agency: _____

Phone #: _____

Address: _____

Type of Media*

CD

DVD

Transcript

Photo

Incident Date: _____

Incident time frame: _____

Case number (if known): _____

Brief incident description, include agencies/individuals involved and the nature of the incident:

Reason for request:

I fully understand that any unauthorized use or disclosure of the information contained may expose me and/or my agency to legal and criminal liability.

Signed:

Date:

MPD use only

Date Received: _____

Received by: _____

Approved by: _____

Date approved: _____

Date requested action started: _____

Date Completed: _____

Media used: CD

DVD

Transcript

Photo

Completed by: _____

Date requesting party contacted: _____

***Please allow at least 5 working days for any type of media requested**