



PUBLIC REPORT REQUEST FORM

**WE ACCEPT CASH OR CREDIT CARDS. SORRY, NO PERSONAL CHECKS
PLEASE SHOW PROPER IDENTIFICATION**

****DO NOT ENTER ANY COURT INFORMATION BELOW. THEIR SYSTEM IS DIFFERENT FROM THE POLICE****

Name of Person Inquiring:	Date of Birth: / /
Mailing Address:	Daytime Phone:
City, State & Zip:	Cell/Other Phone:
Nature of incident:	Case #:
Location of occurrence:	Date occurred:
Name(s) of Person(s) involved:	
Your involvement:	
Signature of Requestor:	Date:

I WOULD LIKE COPIES OF:

- Drivers Exchange (no charge) *for non-reportable accidents*
- Initial Contact Report (\$10.00) *i.e. police report*
- Copy of Citation (no charge)
- Witness Statements (written by you only, unless from a traffic accident) *price included with initial contact report*
- Letter of Good Conduct (\$5.00)
- C.A.R. (Collision Analysis Reconstruction) Team report (\$100.00)

****ACCORDING TO STATE LAW, YOUR REQUEST MUST BE PROCESSED AND COMPLETED WITHIN 10 BUSINESS DAYS****

THE FOLLOWING WILL TAKE LONGER TO RECEIVE (You will be called when ready for pick up) :

- Photo CD (\$10.00)
- Dispatch Recordings (\$10.00) *will be on a CD format. Requestor must be actual caller*
- Subpoena Request (\$40.00) *does not include the cost for reports and/or materials*

REQUEST FOR TAVERN CARD

Name:	Date of Birth: / /
Street Address:	Place of Birth:
City, State & Zip:	Phone:
Name of Bar/Pub you will be working at:	
Other states you have lived in:	
Have you ever been arrested?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Occurrence:
If yes, list charges, dates and places:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Hair Color: Eye Color: Height: Weight: Age:
Driver License/ID card #: State: Exp. Date:	Social Security #: - -
Other names you have used:	

By signing below, you certify that the answers and statements are true and correct to the best of your knowledge and belief. Being desirous of informing Taylorsville City Police Department of your present character and background, you hereby authorize the release of any or all information concerning your qualifications for the position you have applied for and release Taylorsville Police Department and all other persons from liability for furnishing such information. You realize that any false information given by you, will immediately revoke this license/permit.

Signature of Requestor: _____ Date: _____

FOR OFFICE USE ONLY:

Received by: _____	Date: _____
Identification verified with: <input type="checkbox"/> DL <input type="checkbox"/> ID <input type="checkbox"/> Passport <input type="checkbox"/> Booking Photo <input type="checkbox"/> UCJIS <input type="checkbox"/> Other _____	