

**LAGRANGE POLICE DEPARTMENT  
OPEN RECORDS REQUEST FORM**

**DATE OF REQUEST:**    \_\_\_ / \_\_\_ / \_\_\_

**REQUESTOR NAME:**    \_\_\_\_\_

**ADDRESS:**    \_\_\_\_\_  
\_\_\_\_\_

**PHONE #:**    (    ) \_\_\_\_\_

I, \_\_\_\_\_, **WOULD LIKE TO REQUEST THE  
FOLLOWING RECORDS: (Check the records that apply)**

\_\_\_ **Incident reports on** \_\_\_\_\_

\_\_\_ **Complaints on** \_\_\_\_\_

\_\_\_ **Personnel file(s) on** \_\_\_\_\_

\_\_\_ **Video/audio files regarding** \_\_\_\_\_

\_\_\_ **Training Records on** \_\_\_\_\_

\_\_\_ **Other** \_\_\_\_\_

**RACE:** \_\_\_ **SEX:** \_\_\_ **D.O.B.:** \_\_\_\_\_, **between the dates of** \_\_\_\_\_  
**and** \_\_\_\_\_.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**CLERK**

\_\_\_\_\_  
**DATE / TIME REC'D**