



RELEASE for RECORDS  
Statesville Police Department  
Records Unit

Date of Request \_\_\_\_/\_\_\_\_/\_\_\_\_

Requester's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Type of Request  Incident Report  Arrest Report  Radio Traffic  
 CAD Report  911 Call

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REPORT REQUESTS

Case Number \_\_\_\_\_ Arrest Number \_\_\_\_\_

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AUDIO REQUESTS

Date of Incident \_\_\_\_/\_\_\_\_/\_\_\_\_ Begin Time \_\_\_\_\_ End Time \_\_\_\_\_

Incident Type \_\_\_\_\_

Location \_\_\_\_\_

Officers Involved \_\_\_\_\_

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Is this request for a MEDIA RELEASE?  YES  NO

For External Requests Only

Approved for Release  Denied for Release

Records Unit Supervisor \_\_\_\_\_

Division Supervisor \_\_\_\_\_ Kim Arbogast

Requestor Notified Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_

Request Processed by \_\_\_\_\_