



# WEST LAFAYETTE POLICE DEPARTMENT

711 WEST NAVAJO • WEST LAFAYETTE, INDIANA 47906  
MAIN PHONE: 765-775-5200 • FAX: 765-775-5228

## REQUEST FOR PRODUCTION OF DOCUMENTS

Send the completed request form to the address or fax above, or by email to: records@wl.in.gov

Name of Person requesting documents \_\_\_\_\_

Address \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

Details of documents requested (i.e. police case number, date of incident, approximate time of incident, location of incident, names of those involved, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Case Number(s) if known: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Your Signature: Rgs For Susan Schechter

Do not write in this area. For use by West Lafayette Police Department personnel

Date and time received: \_\_\_\_\_ By: \_\_\_\_\_

Request: APPROVED DENIED By: \_\_\_\_\_ Date and Time: \_\_\_\_\_

If denied, explanation for denial: \_\_\_\_\_

Date and time requestor was notified of approval/denial: \_\_\_\_\_

Released By: \_\_\_\_\_ Date and Time: \_\_\_\_\_

Fee: \_\_\_\_\_

To Whom It May Concern:

Pursuant to the Indiana Access to Public Records Act, I hereby request the following records:

Please provide all Use of Force Analysis reports, as specified in policy paragraph 300.9, prepared during the period January 1, 2018 through December 31, 2020.

The requested documents will be made available to the general public, and this request is not being made for commercial purposes.

In the event that there are fees, I would be grateful if you would inform me of the total charges in advance of fulfilling my request. I would prefer the request filled electronically, by e-mail attachment if available or CD-ROM if not.

Thank you in advance for your anticipated cooperation in this matter. I look forward to receiving your response to this request within 7 business days, as the statute requires.

Sincerely,

Susan Schechter