



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: Rg For Frank Rosenthal

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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:

All policies currently maintained by the West Lafayette Police Department (Lafayette, IN) regarding the use of force or resisting law enforcement.

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,

Frank Rosenthal