Name_________________________________________ Phone #_________________________________
Address_________________________________________________________________________ E-mail________________________
City________________________________ State___________ Zip___________________

Requesting Report Copy:  (If you do not know the Case/CFS number the lobby clerk will assist in locating that information.)

___ I am seeking Daily Log information on Case/CFS#________________________________________

Daily log information as listed under IC 5-14-3-5 consists of:
- Arrested, summoned or jailed person's name, age and address; charges on which the arrest or summons is based; circumstances including time and location; and investigating or arresting officer and agency.
- Daily log of suspected crimes, accidents or complaints including:
  - Time, substance and location of all complaints or requests for assistance received by BPD, and the time and nature of its response to them.
  - If incident is an alleged crime or infraction:
    - Time, date and location of occurrence; name and age of victim, unless the victim of a sex offense as listed under IC 35-42-4; factual circumstances surrounding the incident; and general description of injuries, property or weapons involved.

___ I am seeking a copy of the full police report* on Case/CFS#________________________________________

* The Bloomington Police Department processes Requests for Public Information in compliance with the Indiana Access to Public Records Act, Indiana Code 5-14-3. That statute allows law enforcement agencies to withhold investigatory records under IC 5-14-3-4(b)(1), and the Bloomington Police Department does not provide copies of investigatory records. However, IC 5-14-3-5 (listed above under Daily Log information) requires law enforcement agencies to provide certain records upon request which include Arrest and Daily Log information.

___ I am seeking Accident Report # ($8.00 must accompany request)________________________________________

___ I am seeking other (Please be specific.)________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Requesting Data Search/Statistics:

Date Span of Search//From:_______________To:_________________ $5.00 per hour / (Initial $5.00 fee to start search)
Please be specific. Detail the information you are searching (location, person, type of calls/crimes, etc.) If searching a geographical area, list each street name and the block to block numbers for each street in the entire search area.
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Requesting Photos and/or Recordings:

Case/CFS# ____________________________ Photographs $0.31 per CD
Case/CFS# ____________________________ Audio Recording $0.31 per CD
Case/CFS# ____________________________ Video Recording $0.31 per CD

Continued on Page 2.
NOTE: Upon receiving this completed form, the Bloomington Police Department may need to review its files to determine if the requested records exist and are disclosable, and will contact you soon thereafter to advise you of its determination. If your request is denied, you will be given written notice of the statutory authority for the denial and the name and title of the position of the person responsible for the denial.

If you wish the report/information requested be mailed to you, please include a self-addressed, postage-paid envelope for the return. Reports will not be faxed unless a toll-free fax number can be provided. All other reports may be picked up at the Bloomington Police Department lobby during lobby hours of 8:00 am to 4:00 pm, Monday through Friday, or sent by e-mail if a valid, legible e-mail is provided.

Signature_______________________________________ Date of Request____________________ Time____________

OFFICE USE ONLY: COMPLETED DATE:_____________________________ PIN:________________
Contacted by: __Mail __Phone __E-mail __Other__________________________
On Date: ______________________ at Time: ______________
Items Provided: __ Daily Log __CFS __Letter __ CD __Other____________________
Notes:________________________________________________________________

PAID: __ No Charge __Cash __Check Amount Paid $___________________
Will Pay Upon Completion ______________