



# Cordova Police Department

P.O. Box 1210 Cordova, Alaska 99574  
Phone: 907-424-6100

## POLICE RECORD RELEASE FORM

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### PLEASE FILL OUT THE FOLLOWING INFORMATION

Cordova Police Department Case Number: \_\_\_\_\_

Date of the Record: \_\_\_\_\_

Printed Name of Requestor \_\_\_\_\_

Date of Birth of the Requestor \_\_\_\_\_

Alaska ID Card or Driver's License Number of the Requestor \_\_\_\_\_

Contact Number: \_\_\_\_\_

Please write a brief summary of your involvement in this case, which documents your requesting (be specific), and the reasoning for requesting these documents.

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

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By signing below, you certify you are neither a party, nor representing a party or acting on behalf of a party, involved in litigation in a judicial or administrative forum against the City of Cordova, the Cordova Police Department, or any other agency of the City of Cordova to which these records are relevant.

All requests to obtain police records of the Cordova Police Department are to be release upon the approval of the Chief of Police.

Once a record has been reviewed and accepted for release, a \$10 dollar processing fee will be collected from the Requestor before the records can be released.

SIGNATURE \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

Approved \_\_\_\_\_  
Disapproved \_\_\_\_\_

Chief of Police Signature: \_\_\_\_\_