

Cordova Police Department

P.O. Box 1210 Cordova, Alaska 99574

Phone: 907-424-6100

Fee Paid: _____ Date: ____

POLICE RECORD RELEASE FORM

PLEASE FILL OUT THE FOLI	LOWING 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 l	Requestor
Contact Number:	
Please write a summary of your involvement in this specific), and the reasoning for requesting these docum	
*************	*************
By signing below, you certify you are neither a of a party, involved in litigation in a judicial or admini Cordova Police Department, or any other agency of the relevant.	<u> </u>
	dova Police Department are to be release upon the
Once a record has been reviewed and accepted collected from the Requestor before the records can be	
SIGNATURE	DATE SIGNED
DEPARTMENT	
**************************************	********************
Approved Chief of Police Signature:	