



# City of Del City

## POLICE DEPARTMENT

4517 SE 29<sup>th</sup> Street  
DEL CITY, OKLAHOMA 73115  
Phone (405) 671-8848  
FAX (405) 670-3039



### RECORDS REQUEST

Requestor's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Requestor's Firm: \_\_\_\_\_ Phone: \_\_\_\_\_

### TYPE OF REQUEST

- \_\_\_ Criminal History/ Name Inquiry
- \_\_\_ Accident Report (See Affidavit) ----- .25 Cents per Page
- \_\_\_ Incident Report ----- .25 Cents per Page
- \_\_\_ Dispatch Log (Calls for Service) ----- .25 Cents per Page
- \_\_\_ Picture CD\* ----- \$10.00 per Disk
- \_\_\_ 911 Call Audio\* ----- \$10.00 per Disk
- \_\_\_ Body Camera Footage\* ----- \$30.00 per Camera

\*Research is \$25.00 per Hour (1 Hour Minimum)  
\*Deposit will be Required for any Body Camera Requests  
\*Flash Drives & CDs will be provided at \$10.00 per drive/disc

### Information Requested Concerning the Following

Name: \_\_\_\_\_  
Last First Middle Name

Race: \_\_\_ Sex: \_\_\_ Date of Birth: \_\_\_\_\_

Incident Location: \_\_\_\_\_

Incident Date & Time: \_\_\_\_\_ Case Number: \_\_\_\_\_

Department use only

If the record is un-releasable, why?

- Unapproved Report
- Open incident & requestor is suspect.
- Sealed, sensitive or expunged report.
- Release endangers others.
- NCIC, OLETS or NLETS etc.
- Private medical info
- Voluntary statement
- Record no longer retained

Total Cost: \_\_\_\_\_

Check #:  
Faxed/Emailed/Mailed:

Clerk \_\_\_\_\_ Receipt # \_\_\_\_\_