**REQUEST FOR COPIES**

Please fill out this form to obtain a copy of a law enforcement report. **There is a non-refundable charge of $2 to provide the search and up to four (4) pages; additional pages are $.50 each. $2 needs to be included with this form**. If there are additional fees, you will be advised. If the requested report is considered confidential in nature, it requires a different type of request, procedure, cost, and longer waiting period. If you are not sure, please ask!

**ONLY COMPLAINANT/VICTIM OR AN AUTHORIZED REPRESENTATIVE IS ENTITLED TO RECEIVE COPIES. REPRESENTATIVE MUST INCLUDE COPY OF SIGNED WAIVER OR RELEASE FROM CLIENT.**

TODAY'S DATE:_____ NAME:_____

RELATIONSHIP (VICTIM/COMPLAINANT, INSURANCE AGENT, ATTORNEY, ETC.):_____

MAILING ADDRESS:_____

HOME PHONE:_____CELL PHONE:_____

**INCIDENT: (check one)** **CASE NUMBER**_____

_____Accident _____Damaged property

_____Theft _____Other (Explain)_____

**REPORT MADE TO:**

_____Gallatin County Sheriff's Office _____Bozeman Police Department

REPORTED BY: _____

DATE REPORTED: _____

LOCATION OF INCIDENT: _____

**HAVE YOU APPEARED BEFORE A JUDGE REGARDING THIS INCIDENT OR OFFENSE: _____YES _____NO**

Check one: _____Please mail to address above.

_____Please email to_____

_____Please fax to_____

**Records Custodian:_____ Release Date:_____**

Paid cash_____ check_____