

REQUEST FOR REPORT

Reports can only be released to victims, defendants or their attorneys.
Photo I.D. must be provided

I, _____, am a victim/suspect in report/case
_____, filed on _____ with the _____
Date of report Police dept or agency
for the charge of _____ which occurred _____.
Date of incident
SUSPECT _____

My address is _____

My telephone number is _____

**We will attempt to provide the report to you
within 30 days if the report has been sent to this office.**

Date _____ Signature _____

**If you have any questions on completing this form, please feel free to email our office
at office@lcmopa.com.**