

**HIGHFILL POLICE DEPARTMENT
REQUEST FOR POLICE REPORTS**

Requestor Name: _____

Requestor Email: _____

Requestor Phone: _____

Date of Request: _____

When requesting copies of Highfill police reports, the following specific information is needed to ensure that the correct report is created for you from our files. Please direct any questions you may have to the Highfill Police Department at 479-736-1211 during regular business hours 8:00 a.m. – 4:30 p.m., Monday through Friday. Note that some cases will not be released due to ongoing investigations or pending arrests. Juvenile names may not be included depending on the type of report requested.

Please check the box next to the type report requested:

<u>Type</u>	<u>Charge</u>	<u>No. of Copies</u>	<u>Total</u>
<input type="checkbox"/> Accident Report	\$10.00 per copy	_____	\$ _____
<input type="checkbox"/> Supplemental Accident Report	\$1.50 per page	_____	\$ _____
<input type="checkbox"/> Traffic Violation Report	\$10.00 per copy	_____	\$ _____

Total Submitted \$ _____

If mailing, return to below address with payment (check or money order only) and self-addressed stamped envelope:

Highfill Police Department
15036 W. Highway 12
Gentry, AR 72734

Incident Information: _____

Date and Time of Incident/Accident: _____

Name: (Driver, Victim or Suspect): _____

Date of Birth: _____

Driver’s License Information - State: _____ Number: _____

Location of Incident (specify STREET ADDRESS, INTERSECTION, or NEAREST CROSS STREET):
