

MOUNT GILEAD POLICE DEPARTMENT

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PUBLIC RECORDS REQUEST

Date: _____

Name: _____

Phone: _____

Email: _____

REQUEST INFORMATION:

Information Requested: _____

Report Number: _____

Date of Report: _____

Reportee: _____

Location: _____

Delivery Method: ☐ Email ☐ Paper Copy ☐ DVD ☐ USB Drive (must be supplied)

Additional Information:

The actual cost of postage, mailing supplies, or other delivery costs may be charged. There is no charge for emailed documents. It is permissible to require payment of all costs in advance of delivery. Effective April 9, 2025, there will be a charge of \$1.25 per minute of video that must be paid prior to processing your request.