



WHITELAND POLICE DEPARTMENT

Public Information Request Form

Incident #: _____

I, _____ request the following public information from the Whiteland Police Department:

Reason for request of Information:

You will be charged and hereby agree to pay the Whiteland Police Department the fees stated below:

Video/Audio/Body Cam Recordings	\$25.00 (per Disc)
Pictures	\$25.00 (per Disc)
Accident Reports	\$ 5.00
Incident Reports	\$ 5.00

This public Information Request is subject to Indiana I.C. Code 5-14-3-5.1

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Note: Certain Public Records are exempt from disclosure pursuant to Indiana I.C. Code 5-14-3-4

Property of WPD Not approved to share or post on social media, charges could be prosecuted

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For Office Use Only:

Approved Denied

Name: _____ Title: Chief of Police Date: _____

Signature: _____

Date Information paid & released to Requestor: _____ WPD Initials: _____