



SOUTHERN UNIVERSITY AT N.O. POLICE DEPARTMENT

POLICE REPORT REQUEST FORM

According to the policy of this Department, all report requests are subject to a review procedure before being released and may not be immediately available (Allow up to 10 working days to process and authorize request.). It is our goal to provide the public with access to information legally defined as public while maintaining the confidentiality of information exempted by law. Therefore, if releasable and approved, the report you receive may have some information redacted. **There is a \$20.00 fee for Motor Vehicle Accident Reports and a \$25.00 fee for Incident Reports.** Fees must be paid to the Comptroller's Office. Pre-payment of fees is required prior to processing report request. Please complete the following so we may fill your request and contact you when ready for pick-up:

Name: _____

Address: _____

Telephone: _____

Date of Request: _____

Item #: _____

Type of Report Requested: Incident Report Motor Vehicle Accident Report Investigation Report

Indicate Involvement/ Interest in the report: _____
(victim, suspect, driver, insurance company, attorney, etc.)

AFFIDAVIT

This section must be signed in the presence of a SUNOPD representative, to receive the requested report, at time of pickup.

I declare under penalty of perjury that I am a party involved in the report, or a legal representative of an involved party.

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE/FOR OFFICE USE ONLY

Requester's ID Number (indicate if Driver's License (i.e. CA DL # or other type): _____

Fee: Paid Waived

Chief of Police: _____ Approved Disapprove

Mailed By: _____ Dated: _____

Released By: _____ Dated: _____

Reason report not released: _____

Comments: _____