



# SENECA POLICE DEPARTMENT

CASEY BOWLING  
CHIEF OF POLICE

## RECORDS REQUEST

Date of Incident: \_\_\_\_\_

Name: \_\_\_\_\_

Address Where Incident/Accident Occurred:

\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

For Office Use Only

Records Received:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prepared By: \_\_\_\_\_

Date: \_\_\_\_\_

Received By: \_\_\_\_\_

Date: \_\_\_\_\_