



NICHOLS HILLS POLICE DEPARTMENT
RECORDS REQUEST FORM

(Circle All That Apply)

TYPE OF RECORD: TRAFFIC ACCIDENT INCIDENT ARREST RADIO LOG OTHER

I am requesting information on the following:

CASE NUMBER _____

NAME OF PERSONS(S) INVOLVED _____

DATE OF BIRTH _____ RACE _____ SEX _____

TIME AND DATE OF EVENT _____

LOCATION OF EVENT _____

Requestor's Name _____ Date _____

Mailing Address _____ Phone _____

Is This Request for Commercial Purposes? Yes ___ No ___ Signature _____

How do you wish to receive the record you requested?

Pick Up _____ Mail _____ Fax _____
Phone # (if different than above): Address (if different than above): Fax Number:

*****IMPORTANT NOTICE*****

All records will be released in accordance with the terms set forth in the Oklahoma Open Records Act.

Pursuant to Oklahoma Statute, Title 47 § 40-102, accident reports are confidential for a period of sixty days after the accident. During that time, accident reports will only be released to the following parties:

- > Party involved in the collision
> Licensed insurance agents of party involved in the collision
> Legal representative of party involved in the collision
> Insurer of party involved in the collision
> Person under contract with an insurer to provide claims or underwriting information
> Insurer to which a party has applied for coverage
> Licensed private investigator employed by a party involved in the collision
> The Dept of Transportation or any county or city transportation or road and highway maintenance agency
> State, county or city law enforcement agency
> Prosecutorial authority
> Newspaper as defined in Title 25 § 106
> Radio or television broadcaster
> Provider of health services to a party involved in the collision

For Office Use Only: Report Released by _____ Date of Release _____
Amount Paid _____ Receipt Number _____