



**ARDMORE POLICE DEPARTMENT**  
**RECORDS SECTION**  
23 S Washington  
Ardmore, OK 73401  
(580) 223-1930 / (580) 221-2518 (FAX)  
[records@ardmorecity.org](mailto:records@ardmorecity.org)

**REPORT REQUEST**

DATE / TIME OF REQUEST:

APD CASE NUMBER / INCIDENT #:

**MANDATORY REPORT REQUEST INFORMATION**

REPORT / INCIDENT DATE:

REPORT / INCIDENT TIME:

REPORT / INCIDENT LOCATION:

REPORT / INCIDENT NATURE (TYPE):

PERSON INVOLVED:

DATE OF BIRTH:

SEX:

STREET ADDRESS:

CITY / STATE / ZIP:

**VEHICLE INFORMATION, IF APPLICABLE**

YEAR:

MAKE:

MODEL:

STYLE:

COLOR:

TAG NO. / VIN:

VEHICLE OWNER:

**MANDATORY REQUESTOR INFORMATION**

REQUESTOR:

PHONE #:

STREET ADDRESS:

FAX #:

CITY / STATE / ZIP:

EMAIL :

**REQUESTOR AFFIRMATION**

I request a copy of the above-described report. I affirm that the names, addresses, telephone numbers and other information in this record shall not be used for the purpose of soliciting business for personal or financial gain.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**FOR OFFICE USE ONLY**

PAGES / RECORDS RELEASED:

COMMENTS:

CUSTODIAN / RECORDS CLERK:

DATE: