



Laramie/Albany County Records & Communication Division
PO Box C
420 Ivinson
Laramie, Wyoming 82073
307-721-5325
307-721-5329 (Fax)

POLICE/SHERIFF REPORT REQUEST

Date of Request _____

Case Number _____ Police Sheriff Fire

Name of person involved _____

Type of Incident _____

Incident Date _____

Incident Location _____

Your involvement in incident _____

Reason for wanting information _____

INFORMATION ON PERSON MAKING REQUEST

Name (printed) _____

Address _____

Phone _____

Signature _____ Date _____

By signing the above request form, I acknowledge I must be prepared to show proper identification as well as submit payment of \$5.25.

REQUESTS WILL ONLY BE HELD FOR 90 DAYS

For Office Use Only

ID Checked

Comments _____