

Helen Police Department Open Records Request Form

Requester's Name: Telephone #:

Company Name:

Email Address:

Mailing Address:

Identify Requested Record(s):

To be completed by THE HELEN POLICE DEPARTMENT

Date Received: Time Received:

Request Received By: Mail E-mail Phone Visit

Name of HPD Responder:

HPD Organizational Unit:

Determination: Record(s) Subject to Disclosure Record(s) NOT Subject to Disclosure

Date Requester Advised of Availability/

Non-availability of Record(s): Date Record(s) Made Available:

- Method:
- Records Prepared for Viewing
 - Computer Records Copied to Disk
 - Photocopies Made
 - Electronic Transmission
 - Other; specify

Number of Documents (approximate number of pages) Made Available:

Number of Copies Provided: Amount Charged:

Additional Comments: