



Louisville Metro Police Department

Open Records Request

Photo Request Form



Requesting Person or Agency:	
Address:	
Contact Name:	
Phone Number:	

Report/ICN #:	80-	
Date of Incident:		
Type of Incident:		
Address of Incident:		
Officer's Name:		
Traffic Offense? <input type="checkbox"/> Yes <input type="checkbox"/> No	Criminal Offense? <input type="checkbox"/> Yes <input type="checkbox"/> No	

This form should be mailed or faxed to:

LMPD Photo Lab
633 W. Jefferson St.
Louisville, KY 40202
Fax (502) 574-8730

Please be advised that there is a charge for prints or CDs for each case. 5 x 7 prints are \$4.00 per print. CDs are \$35.00 each. Once we receive this request, the information will be researched. We will call with a total amount due. Once we receive payment, the order will be completed and the prints or CD will be available for pick-up at the Photo Lab, whose address is listed above.

Checks should be made payable to Louisville Metro Government

Signature: _____

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For official use only:

Prosecution pending? Yes No
 Investigation pending? Yes No

	# of items	Price per item	Total cost of item
CDs		\$	\$
Photos		\$	\$
		Total Cost	\$

Action	Initials/Code #	Date
Supervisor approved		
Payment received		
Photos processed		
Photos picked up		