

POLICE REPORT REQUEST FORM

I would like to request a copy of police report # _____ from the Alpena County Prosecuting Attorney's Office.

Adult - Defendant name/Case # _____

Juvenile - Name/Petition # _____

_____ I am a victim of this complaint

_____ I am a suspect of this complaint

_____ Other _____

 **PLEASE BE AWARE THAT WE ONLY MAKE ONE (1) COPY OF THE POLICE REPORT**

IF YOU RECEIVE A COPY OF THE POLICE REPORT AND THEN OBTAIN AN ATTORNEY, IT IS YOUR RESPONSIBILITY TO MAKE SURE YOUR ATTORNEY GETS A COPY.

Print Name: _____ Date: _____

Signature: _____

Phone Number: _____

Reason for Request: _____

DO NOT WRITE BELOW THIS LINE

PA Authorization _____ Date: _____

_____ I have received a copy of the police report # _____ from the Alpena County Prosecuting Attorney's Office.

I ALSO UNDERSTAND THAT IT IS MY RESPONSIBILITY TO PROVIDE A COPY OF THE POLICE REPORT TO MY ATTORNEY IF I OBTAIN ONE.

 Signature: _____ Date: _____