Columbia City Police Department

112 S. Chauncey St.

Columbia City, IN 46725

REQUEST FOR RECORDS

Your Info

Name:

Address: **City:** **State:** **Zip:**

Email: **Phone: ( )**

Requested Incident Information

Date(s) of incident(s):

Columbia City PD Incident Number(s): (if known)

Type of incident(s): (theft, battery, etc.)

Location of incident(s): (use exact address if known)

Name(s) of person(s) involved:

Notes and additional information to assist our search:

Required Information

Per IC 5-14-3-8.1, as of July 1, 2026, we are required to report all Request for Records statistics to the State of Indiana.
Select one of the following:

- ☐ I am an Indiana resident. (you may be required to submit proof of residency)
- ☐ I am not an Indiana resident.

I am making this Request for Records on behalf of (select one of the following):

- ☐ Myself
- ☐ Another person who is an Indiana resident. (you may be required to submit proof of residency)
- ☐ Another person who is not an Indiana resident.
- ☐ An entity that is based in Indiana. (you may be required to submit proof of residency)
- ☐ An entity that is not based in Indiana.

I am making this request for the following purpose: (select one of the following)

- ☐ Civil, philanthropic, journalistic, academic or personal use.
- ☐ Commercial use.
- ☐ Some other use.
- ☐ Prefer not to say.

Signature _____ Date _____

There will be a fee for copies. Out of State requests will be assessed a $25 per hour staff fee per IC 5-14-3-8.

Check here if you want to be told the fee prior to copies being made ( )

NOTE: *Upon receiving this completed form, the Columbia City Police Department may need to review its sfiles to determine if the requested records exist and are disclosable and will contact you soon thereafter to advise you of its determination. If your request is denied, you will be given written notice of the statutory authority for the denial and the name and title or position of the person responsible for the denial.*

FOR AGENCY USE ONLY - PLEASE DO NOT WRITE BELOW THIS LINE

Receipt Information: Date and time request received: _____

Individual receiving request: _____

Department Dispoition by Department Head or Designee:

Completed by Employee: Date Completed:

Date Notified:

_____ All records released _____ Partial records released _____ All records denied release