



SENECA POLICE DEPARTMENT

CASEY BOWLING
CHIEF OF POLICE

RECORDS REQUEST

Accident:

Incident Report:

Date of Request: _____

Requestee: _____

Phone Number: _____

• Date of Incident: _____

• Name Listed on Report: _____

• Address Where Incident/Accident Occurred:

• Detailed Information:

Please be ready to provide your ID at the time of pick up!

For Office Use Only

Records Received:

Prepared By: _____

Date: _____

Received By: _____

Date: _____