

**City of Siloam Springs Police Department**  
**Request for Police Reports**  
(479) 524-4118

REQUESTOR'S NAME:

\_\_\_\_\_

DAY PHONE:

\_\_\_\_\_

DATE OF REQUEST:

\_\_\_\_\_

When requesting police reports, the following information is needed to ensure that the correct report is pulled from our files:

Place an "X" in the box next to the type of report requested. If more than ten pages, we will call and advise you of additional cost due.

- |                                                              |                  |          |
|--------------------------------------------------------------|------------------|----------|
| <input type="checkbox"/> Accident Report                     | \$10.00 per copy | \$ _____ |
| <input type="checkbox"/> Parking Lot/Delayed Accident Report | \$ 5.00 per copy | \$ _____ |
| <input type="checkbox"/> Incident Report                     | \$ 5.00 per copy | \$ _____ |
| <input type="checkbox"/> Arrest Report                       | \$ 5.00 per copy | \$ _____ |

**Total Submitted \$ \_\_\_\_\_**

Checks should be made payable to **Siloam Springs Police Department**. Mail a check or money order to: **P.O. Box 80, Siloam Springs, AR 72761** and please include a self-addressed, stamped envelope.

**INCIDENT INFORMATION:**

**REPORT NUMBER (IF KNOWN):** \_\_\_\_\_

**NAME OF DRIVER, VICTIM OR SUSPECT:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**DRIVER'S LICENSE: State:** \_\_\_\_\_ **Number:** \_\_\_\_\_

**LOCATION OF INCIDENT/ACCIDENT (street address, nearest intersection, or business name):** \_\_\_\_\_

**DATE AND TIME OF INCIDENT/ACCIDENT:** \_\_\_\_\_

Note: Some reports will not be released due to ongoing investigations or pending arrests. Juvenile names may not be included, depending on the type of report requested.

[policedept@siloadsprings.com](mailto:policedept@siloadsprings.com)

Attn: Records Division

Revised 6/7/11