

**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. Please direct any questions you may have to the Records Division at (479) 238-0970 during regular business hours of 8:00 a.m. to 4:30 p.m., M-F.

Place an "X" in the box next to the type of report requested: *If more than 10 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"/> Arrest Report	\$5.00 per copy	\$ _____
<input type="checkbox"/> Case Report	\$5.00 per copy	\$ _____

Total Submitted (Check or Money Order Only) \$ _____

Checks must be payable to **Siloam Springs Police Department**. Mail to: P.O. Box 80, Siloam Springs, AR 72761 and enclose a self-addressed, stamped envelope.

INCIDENT INFORMATION:

NAME: (Driver, Victim or Suspect) _____

REPORT NUMBER: _____

DATE OF BIRTH: _____

DRIVER'S LICENSE INFORMATION:

State: _____

Number: _____

LOCATION OF INCIDENT/ACCIDENT: (SPECIFY STREET ADDRESS, INTERSECTION, OR NEAREST CROSS STREET)

DATE AND TIME OF INCIDENT/ACCIDENT: _____

Note: Some cases will not be released due to on-going investigations or pending arrests. Juvenile name(s) may not be included depending on the type of report requested.