

**ST. CHARLES COUNTY POLICE DEPARTMENT  
REQUEST FOR INFORMATION**

This request will be promptly researched; however, information which must be obtained from sources outside the Police Department will determine the date of reply to your request.

**NAME** \_\_\_\_\_  
Last First Middle (full)

**BUSINESS/COMPANY NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
Street City State Zip

**PHONE #** \_\_\_\_ - \_\_\_\_ - \_\_\_\_      **BUSINESS #** \_\_\_\_ - \_\_\_\_ - \_\_\_\_      **ALTERNATE #** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_

**Report Number** \_\_\_\_ - \_\_\_\_      **Date of Incident(s)** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Type of Incident** \_\_\_\_\_

**Additional Details** \_\_\_\_\_  
\_\_\_\_\_

**SELECT ALL THAT APPLY**

**Victim**                      **Parent**                      **Step-parent**                      **Legal Guardian**

**Child's name** \_\_\_\_\_

**Suspect/Defendant** \_\_\_\_\_

**Attorney Representing** \_\_\_\_\_

**Property owner of**      **Dwelling**      **Vehicle**      **Other** \_\_\_\_\_

**Other** \_\_\_\_\_

**HOW WOULD YOU LIKE TO RECEIVE YOUR REPORT?**

**Mail my report to me at** \_\_\_\_\_

**E-Mail my report to** \_\_\_\_\_

***OFFICE USE***

**Mailed** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**E-Mailed** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Remarks** \_\_\_\_\_