



**FLORIDA INTERNATIONAL UNIVERSITY  
POLICE DEPARTMENT**

885 SOUTHWEST 109<sup>TH</sup> AVENUE  
MIAMI FLORIDA 33199  
(305) 348-2626  
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**PUBLIC RECORDS REQUEST FORM**

\_\_\_\_\_  
**Print Name**    Last                      First                      Middle                      Today's Date

\_\_\_\_\_  
**Date of Birth** (Optional)                      **Email**                      **Cell or Other Phone**

\_\_\_\_\_  
**Mailing Address**                      **City**                      **State**                      **Zip**

**RECORDS REQUESTED:**

Police Case Number (if known): \_\_\_\_\_

Police Report/ Type of Incident: \_\_\_\_\_

- Traffic Crash Report       Citizen Letter       Other (specify below)

**Your involvement to the case** (choose one):

- Driver                       Defendant                       Passenger  
 Legal Guardian                       Victim                       Vehicle Owner  
 Parent of Minor (under 18)                       Witness                       Property Owner  
 Person Injured in Accident                       Insurer                       Attorney  
 Other: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b>For Official Use Only:</b>				
Released By: _____		Date: _____		
Type of Request:	Office	Telephone	Mail	Fax