



**CITY OF FRANKFORT  
POLICE DEPARTMENT**

201 W. WASHINGTON STREET  
FRANKFORT, INDIANA 46041-1859  
PH. 765-654-4245  
FAX 765-654-9197

**CHRIS McBARNES**  
MAYOR  
**TROY BACON**  
CHIEF  
**SCOTT SHOEMAKER**  
DEPUTY CHIEF

**ACCESS TO PUBLIC RECORDS REQUEST**

**Return to:**

Records Clerk  
Frankfort Police Department  
201 West Washington Street  
Frankfort, Indiana 46041  
FAX: 765-654-9197  
Email: [cmoore201@frankfort-in.gov](mailto:cmoore201@frankfort-in.gov)

NAME OF REQUESTING PARTY: \_\_\_\_\_ DOB: \_\_\_\_\_

COMPANY (if applicable): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**DETAILS OF DOCUMENTS REQUESTED** (case number, date of incident, approximate time of incident, location of incident, names of those involved, any other related information) Use back of paper if needed.

DATE OF REQUEST: \_\_\_\_\_ YOUR SIGNATURE: \_\_\_\_\_

Inter-Office Use Only

Date Request Received: \_\_\_\_\_ Date Request Denied (if applicable): \_\_\_\_\_

Employee Handling Request: \_\_\_\_\_ Reason Request Denied (if applicable): \_\_\_\_\_

Amount Charged (if applicable): \_\_\_\_\_ Payment Collected and Processed: \_\_\_\_\_

Date Request Fulfilled: \_\_\_\_\_

EMERGENCY  
9-1-1

CRIMINAL INVESTIGATIONS  
654-4277

NON EMERGENCY  
654-4431