



**CITY OF FRANKFORT**  
**POLICE DEPARTMENT**  
 201 W. WASHINGTON STREET  
 FRANKFORT, INDIANA 46041-1859  
 PHONE 765-654-4245  
 DISPATCH 765-654-4431  
 WEBSITE frankfort-in.gov

**JUDITH E. SHEETS**  
**MAYOR**  
**SCOTT T. SHOEMAKER**  
**CHIEF**  
**JAMES R. SKINNER**  
**DEPUTY CHIEF**

**PUBLIC RECORDS REQUEST**  
**TO INSPECT OR COPY A LAW ENFORCEMENT RECORDING**

Return to:  
 Records Clerk Frankfort Police Department  
 201 W Washington Street  
 Frankfort, Indiana 46041  
 FAX: 765-654-9197  
 Email: cmoore201@frankfort-in.gov

Name of Requesting Party: \_\_\_\_\_ DOB: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ email: \_\_\_\_\_

- Date and approximate time of the law enforcement activity: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_:\_\_\_\_ AM/PM
- The specific location where the law enforcement activity occurred:

\_\_\_\_\_

- The name of at least on (1) individual, other than a law enforcement officer, who was directly involved in the law enforcement activity:

\_\_\_\_\_

Date of Request: \_\_\_\_\_ Your Signature: \_\_\_\_\_

**Inter-Office Use Only**

Date of Request Received \_\_\_\_\_

Date of Request Denied \_\_\_\_\_

Employee Handling Request: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Amount Charged (if applicable): \$150.00

Payment Collected and Processed: \_\_\_\_\_

Date of Request Filled: \_\_\_\_\_