

**FARMINGTON POLICE DEPARTMENT
DVD REQUEST**

Fax # 505-599-1045

Date of Request: _____ Request # : _____

Contact Information for Person making request:

Name: _____ Phone Number: _____

Fax Number: _____

Address: _____ City: _____ State: _____

Request Information

Defendant Name: _____

Incident Date/Time: _____

Arresting Officer: _____

Involved Officers: _____

Brief Description of Incident (helps us to locate the correct footage)

Police Dept Case # : _____

Location of Arrest: _____

Charge: _____

Vehicle Info: _____

Make	Year	Model	Color	Plate #	State
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This section to be completed by the IT Division

Date Received by the IT Division: _____

Video Available: _____ Yes _____ No

If unavailable, reason: _____

Date Completed: _____ Completed by: _____

Requester notified that DVD is ready to be picked up.

Date: _____ Name: _____

ADM 006 003