



Gallup Police Department Request for Public Records

Date of Request:			
Your Name:			
Your Phone Number:			
Your E-mail Address:			
You are requesting a:			
The report number is:			
<i>If you don't know the report number, please provide the following information:</i>			
Type of incident:			
The incident occurred on:		At this time:	
The incident occurred at:			
This person was involved:		Date of Birth:	
This person was involved:		Date of Birth:	
The Officer who responded to the call was:			
Once you have completed this form, you may submit it to our Records Department via e-mail or fax. Our e-mail address is GPDRecords@gallupnm.gov Our fax number is (505) 722-5726. Please allow up to 3-5 business days for a response.			
<i>DO NOT MARK BELOW THIS LINE – FOR INTERNAL USE ONLY</i>			
Records Personnel			
Referred to:		On:	
Referred by:		ID #:	
Lieutenant			
Report checked/completed on:			
By:		ID #:	

Employee # _____ Mailed _____ E-mailed _____ Faxed _____ Picked Up _____