

EVIDENCE COPY REQUEST FORM

FOR GJPD LAB USE ONLY

Date Received by GJPD Lab: _____ Staff Initials: _____

Date Completed: _____ Staff Initials: _____

Routed Internal (GJPD) DA's Office Prepaid Shipping/Mail
 Other: _____

Notified Phone Contact Phone Message Email
 Other: _____

Citizen Request

Criminal Case? Yes Approved by GJPD Case Agent or Other Agency?
 Yes (Contact DA for approval to process request)
 No (Notify requestor) Date: _____

DA Approval?
 Yes (Send copy to City Attorney for review)
 No (Notify requestor) Date: _____

No (Send copy directly to City Attorney for review)

Delivered to City Attorney for Review. Date: _____ Staff Initials: _____

CITY ATTORNEY:

Is evidence available for release as open record?

Yes (Contact GJPD Lab)
 No Reason for Denial: _____

Date City Attorney Notified Requestor: _____

Not Notified

Citizen request received from City Attorney at GJPD Lab after review.

Date: _____ Staff Initials: _____

NOTES: _____

	Deposit Paid	\$
Total # Discs (@ \$6.00 each)		
Total Photocopies (@ \$1.00 up to 4 pages \$.25 per page after 4 pages)		
Search & Redaction Time Exceeding 1 Hour (@ \$5 per Quarter Hour)		
Other:		
	Total Fees Due	\$
	Payment Received By:	

Request Received By:

Printed Name

Signature

Date