La Porte Police Department

1206 Michigan Avenue
La Porte, IN 46350

www.cityoflaporte.com

Chief of Police
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Assistant Chief of Police
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LA PORTE POLICE DEPARTMENT

PUBLIC RECORDS REQUEST
CITY OF LA PORTE

Name of Requesting Party _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Date of Request _____ Time of Request _____ ◯ ◯ am / pm

Submitted _☐ Email/ City Website _☐ Drop Box

Email of Requesting Party _____

Signature of Requesting Party _____

Name of Department having records (if known) (i.e. Police, Building, Fire/EMS, Public Works)

_____

Records Requested. Please be specific

I would like a copy of this request sent to my _☐_ Home _☐_ Email.

CITY OF LA PORTE USE ONLY

Request Received By _____ Department _____

Date and Time Received _____

Acknowledged Receipt (Legal Department use only) _____ Email/City Website _____ Telephone

_____ Letter _____ Drop Box