



Mark R. Palmer
Chief of Police

David Kirby
Asst. Chief of Police

CLARKSVILLE POLICE DEPARTMENT

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www.ClarksvillePolice.com

REQUEST FOR INSPECTION OR COPY OF PUBLIC RECORDS

FEE's: Listed below. Items will not be processed and mailed until payment is received.

Date: _____ Time: _____

Name: _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Email: _____

Request is for: Inspection _____ Photocopies: _____ \$10.00

Body Camera Video: _____ \$82.50 Accident Reports: _____ \$5.00

Other: _____

LIST SPECIFIC RECORDS REQUESTED

ONCE COMPLETED SEND TO: danna.abell@clarksvillepolice.com

FOR OFFICE USE: DO NOT COMPLETE BELOW

Project Assignment & Activity: Return to D. Abell once processed.

Assigned To: _____ Assignment Date: _____

Completion Date: _____ Completed by: _____

Postage Date: _____ Method of Delivery: _____

Cost (Mailing/Photocopies): _____

Payment Received: _____ Yes _____ No Date Received: _____

NOTES: _____

**Metropolitan Board of
Fire, Police and Safety
Commission**

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Commissioner

Crime Busters

(812) 284-4636
crimebusters@clarksvillepolice.com

Drug Tip Line

(812) 283-1455
drugtipline@clarksvillepolice.com

www.ClarksvillePolice.com



"Serving and Protecting the Town of Clarksville"