



TOWN OF BERNALILLO  
POLICE DEPARTMENT

Chief of Police  
Chris Stoyell

Lieutenant  
Bryan Dominguez

REQUEST FOR RECORDS

Type of Request: ☐ RECORDS      ☐ LOCAL BACKGROUND CHECK  
Date of Request: \_\_\_\_\_

REQUESTING PERSON OR AGENCY INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Requested by: \_\_\_\_\_  
Signature

REQUEST FOR RECORDS - Initial reports are \$3.00/Additional pages are \$0.50 a page.  
Please circle one.

Incident Report      Crash Report

Victim/Offender/Driver's Name: \_\_\_\_\_  
Date of Occurrence: \_\_\_\_\_ Time of Occurrence: \_\_\_\_\_  
Location of Occurrence: \_\_\_\_\_  
CAD Number (If Available): \_\_\_\_\_  
(This will be a 9-digit number provided by the Officer.)

REQUEST FOR LOCAL BACKGROUND CHECK

\$5.00 Per background check. An additional \$3.00 per report if requested.

Name: \_\_\_\_\_  
DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
Results will be faxed to you upon completion. Fax Number: \_\_\_\_\_

\*\*\* FOR DEPARTMENT USE ONLY \*\*\*

| FINDINGS:               | NEGATIVE FINDINGS  | RECORDS LOCATED (See listing below) |
|-------------------------|--------------------|-------------------------------------|
| <u>Date of Incident</u> | <u>Case Number</u> | <u>Type of Report</u>               |
| _____                   | _____              | _____                               |
| _____                   | _____              | _____                               |
| _____                   | _____              | _____                               |

|                    |                   |                     |             |
|--------------------|-------------------|---------------------|-------------|
| Received By: _____ | Date: _____       | Completed By: _____ | Date: _____ |
| Fee Paid: _____    | Cash/Check: _____ | Check Number: _____ | Date: _____ |