



ISLETA POLICE DEPARTMENT
RECORDS SECTION



REQUEST FORM FOR RELEASE OF ISLETA POLICE RECORDS

Type of Request: Accident Incident Records Check

Date of Request: _____

REQUESTOR'S INFORMATION:

Name: _____ DOB: _____

Address: _____ Driver's license: _____

Phone Number: _____ Email: _____

VICTIM OR OFFENDER: _____ DOB: _____

OR

Driver's Name: _____ DOB: _____

Date of Incident: _____ Time: _____ AM/PM

Location of Occurrence:

Report/Case #: _____ Report/Case #: _____

Requestor's Signature: _____ Date: _____

If you have any other questions regarding this request contact the Isleta Police Record Section Directly at (505)869-9702 or (505)869-9743. Monday-Fridays 8:00am-4:30pm. Or by email at ipdrecords@isletapueblo.com

This written request must be accompanied by at \$10.00 cash, check or money order payable to the Isleta Police Department (The \$10.00 search fee is Non-Refundable).

Please allow at least five (5) to ten (10) business days from the accident date for reports to be available.

Official use only	
Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Receipt# _____
<input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check _____	