

EVIDENCE COPY REQUEST FORM

GJPD Incident #: _____ GJPD Lab Request #: _____
(for GJPD use only)

Date Requested: _____ Date Required / Court Date: _____

Requested By - Agency: _____ Name: _____ Phone: _____

Defendant/Suspect Name: _____

Media Type: CD DVD VHS Audio Cassette In-Car Video Other (specify below)

Item and/or barcode #:	Description:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Type of processing requested: _____

Additional comments: _____

NOTICE

- All requests are billed at \$6.00 per recording (i.e. tape, disc, In-Car Video). Multiple recordings cannot be combined.
- Photocopies - \$1.00 up to 4 pages \$.25 per page after 4 pages
- Allow two weeks for processing from the date received in Evidence – rush requests must be specified as such.
- Please call 549-5150 if you have any questions regarding the status of a request.

Thanks in advance for your assistance!

FOR GJPD LAB USE ONLY

Date request received in Evidence: _____ Staff Initials: _____
 Completed / Requestor Notified: _____ Staff Initials: _____

Comments: _____

Deposit Paid	\$
Total # Discs/Tapes	
Total Photocopies	
Total Fee Due	\$

Release: Routed
 Received by: _____
Printed Name

Signature

Date