

the CATAWBA NATION

"We Are the Peacekeepers & Protectors of the Great Catawba Nation"

Tribal Police Department

Freedom of Information Act/Records Request

Requester Name:				
Address:				
City, State, Zip:				
Phone:				
Email*				
CNTPD Case # (if applicable):				
Type of Incident:				
Date/Time of Occurrence:				
Location of Occurrence:			<u> </u>	
Officer(s) Involved:				
Specific information being requ	uested (Ex. co	opy of report, copy of ticket,	etc)	
There may a fee associated with being processed.	n the reprodu	uction of the requested reco	rds. If so, you will be notifi	ed prior to your request
Signature of Person Requesting Records		Date		
CNTPD Office Use only				
CNTPD personnel fulfilling request		Date		
Approved	Denied	Reason for denial:		