



CITY OF  
**BEECH GROVE**  
INDIANA

**BGPD Reports:** \$5/certified  
copy

**BGPD Camera Recordings:**  
\$150/mp4 file

## BEECH GROVE POLICE DEPARTMENT

### PUBLIC RECORDS REQUEST

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Documents Requested (Attach separate list if additional space is needed):

*When form is completed, please send to [idacs@beechgrove.com](mailto:idacs@beechgrove.com).*

#### FOR CITY STAFF USE ONLY:

FORM OF REQUEST: ☐ IN-PERSON ☐ ELECTRONIC/LETTER

DATE RECEIVED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

DATE INITIAL RESPONSE SENT: \_\_\_\_\_

RESPONSE SENT BY: \_\_\_\_\_

FINAL RESPONSE: ☐ DOCUMENTS PROVIDED

☐ PARTIAL DOCUMENTS PROVIDED

☐ NO DOCUMENTS PROVIDED

DATE COMPLETION LETTER SENT: \_\_\_\_\_

COMPLETION LETTER SENT BY: \_\_\_\_\_

NO. OF PAGES: # \_\_\_\_\_ OTHER FEE: \_\_\_\_\_ = \$ \_\_\_\_\_ TOTAL AMOUNT OWED