

Juneau Police Department

6255 Alaway Avenue • Juneau, AK 99801 (907) 586-0600 Fax (907) 463-4808

REQUEST FOR STATISTICAL INFORMATION

Name			Date	
Email			Fax	
INFORMATIO	ON REQUESTED		Date Report Desired:	
Time Frame:	From		То	
Based Upon:	☐ Date of Report	Date of Offense	Date of Arrest	
Data Type:		<u>—</u>	☐ Warrant/Summons ☐] Arrest
Data Detail:	Motor Vehicle (urglary Theft Crash Moving	Violation —	
Geographical	Area: Neighborho	od/Address/Block Ran	ge:	
More Informa	ation: Please indica	te any other information	on you would like to see on yo	ur report
_				
ADMINISTRA	ATION For staff use or	ıly.		
Request received by Requestor notified Documents release	oy: Date by: Date ed by: Date	e: Ro e: As e: : Ro	eason for denial:	Denied
Staff Hours to con	nplete: Fee	e: Co	ompleted by:	Date:

IMPORTANT INFORMATION Regarding your request.

The information that you are requesting will require staff time for compilations and/or customized computer reports. Depending on the complexity of the request and availability of qualified staff, your results may be received promptly or delayed for an indeterminate amount of time. The information that you are requesting may be denied based upon database limitations. Requests may also be denied that are deemed to be excessive or unreasonable.