



Comanche Nation Police Department

John Journeycake
Chief of Police



Police Report Request

Requested by: _____

Agency/reporting party: _____

Reason requesting party seeks Comanche Nation Police Department reports: _____

Mailing address: _____
Street City State ZIP

Email address: _____

Phone no.: (____) _____ Fax: (____) _____ Case no.: _____

Preferred method of release: _____

Under penalty of perjury, I affirm that the above information is true and correct to the best of my knowledge.

Requester signature

Date

The information to be released must accompany this form.

Please submit to:
Comanche Nation Police Department
8527 NW Madische Rd.
Lawton, OK 73507
Fax: (580) 492-3830

Email address: dispatch@comanchenationpolice.gov

For Office Use Only:

Received by: _____ Date: _____

Information sent via: _____ Date sent: _____

This is only a request and does not guarantee the information requested will be released to the requestor. Please allow 5 to 7 business days for the requested information to be approved and released.