



# 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](mailto: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.**