University of Louisville Police Department Report Request Form

Please complete this form when requesting a police report from the University of Louisville Police Department. You must sign the form and return the form (by mail or in person) to the University of Louisville Police Department, Records Department, 2126 S. Floyd Street, Louisville, KY 40208. You may also fax it to us at 502-852-7719. When your report is ready you will be notified by phone.

NOTE: Requests for an auto accident report is not considered as an open records request as per Kentucky Law - KRS 61.872 to 61.884. Only those individuals listed on the auto accident report can receive a copy of the report. The only exception would be if the individual requesting the report has the written proof/permission from the individual(s) in the accident that they are indeed representing that individual(s) (i.e. attorney, insurance company)

If you do not complete	the required fields, your reques	t will not be processed
Date of request		(Required Field
Name		(Required Field
Address		(Required Field
Phone number(s)		(Required Field
E-mail		
What is the Report number	What is the Date of incident	What type of incident was it (Auto Accident, Theft, Assault, etc.)
(Required Field)	(Required Field)	(Required Field)
What was the location of the incident		(Required Field
Signature of requesting party		(Required Field

Note: Insurance companies or Attorneys who are requesting a report must pay \$5.00 in advance and provide documentation/proof that they represent the subject whose name is shown on the report.

Copies of reports are not faxed or e-mailed

Please call 502-852-6111 or 502-852-2025 if more information is needed

For office use only		
Date of request completed		
Notes		
ULPD Official Signature		