RCPD Evidence Viewing Request Form

Date/Time of Viewing: _____

Requestor

Date of Request _____

Requestor _____ ***Agency*** _____

Phone Number _____ ***Email*** _____

Case Number [ ]

Please provide at least two possible dates/times for the viewing - we will select the time that best fits our schedule.	

Please list all item numbers that need to be available at the viewing?	

Please list all parties that will attend the viewing.	

If NOT planning on attending, does the Prosecution grant permission for the viewing to proceed in their absence?	Yes

Additional Comments / Special Instructions

Questions? Please call the RCPD Evidence / Forensic Laboratory at (605) 394-6033