

OFFICER ID _____
CR# _____



CD/DVD/USB EVIDENCE/STATEMENT SUBMISSION

MUST BE COMPLETED BY THE PERSON SUBMITTING THE EVIDENCE OR STATEMENT

NAME:								RESIDENCE ADDRESS
DATE OF BIRTH	AGE	RACE	SEX	HEIGHT	WEIGHT	HAIR	EYES	BUSINESS
WORK PHONE		HOME PHONE		CELL PHONE			D/L OR ID	

***YOU MUST FILE A POLICE REPORT PRIOR TO SUBMITTING EVIDENCE**
***THIS METHOD IS ONLY TO BE USED FOR USB/DVD/CD EVIDENCE AND STATEMENTS**
Please list all items being submitted to the GFPD

SIGNATURE:

DATE/TIME SUBMITTED:

X _____

INSTRUCTIONS

Place the items to be submitted in a secure envelope with this instruction sheet.
IMPORTANT Mark the outside of the envelope **ATTN: EVIDENCE**
Items submitted without a CR# will be destroyed.

The envelope must be submitted to the Great Falls Police Department *by the individual named above* utilizing one of the two following methods:

Method #1: Deliver by hand to the Great Falls Police Department Located at 112 1st Street South, Great Falls, MT (Located near the Civic Center and Energy West) and place in the secure box in the lobby.

Method #2: Mail, Via USPS to
Great Falls Police Department
P.O. Box 5021
Great Falls, MT
59403-5021
ATTN: EVIDENCE

GFPD SIGNATURE:

DATE RECEIVED:

TIME RECEIVED:
