

**IDENTIFICATION UNIT  
LATENT PRINT SECTION**

**LATENT PRINT EXAMINATION REQUEST FORM**

Complainant \_\_\_\_\_ Case No. \_\_\_\_\_

Address \_\_\_\_\_ Date of Offense \_\_\_\_\_

	<u>Name</u>	<u>Description</u>	<u>I.D.#</u>
(1)			
(2)			
(3)			
(4)			
(5)			

**Type of Case (check one):**

Homicide \_\_ Sexual Assault \_\_ Robbery \_\_ B&E \_\_  
CDS \_\_ Vehicle Theft \_\_ Theft \_\_ Other \_\_

**Submitted by and date:**

\_\_\_\_\_ **District** \_\_\_\_\_