

<b>PALM PRINT TULSA POLICE DEPARTMENT</b> TUL-1128-A		<b>TPD NO.</b>	
NAME (LAST, FIRST, MIDDLE)		ARREST NO.	FINGERPRINT CLASSIFICATION
SIGNATURE OF PERSON FINGERPRINTED		DATE	
		IMPRESSIONS TAKEN BY	

↑ PLACE RIGHT WRIST HERE ↑

RIGHT THUMB	RIGHT INDEX	RIGHT MIDDLE	RIGHT RING	RIGHT LITTLE
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**CITY OF TULSA**

**PROTECTIVE INSPECTION DIVISION**

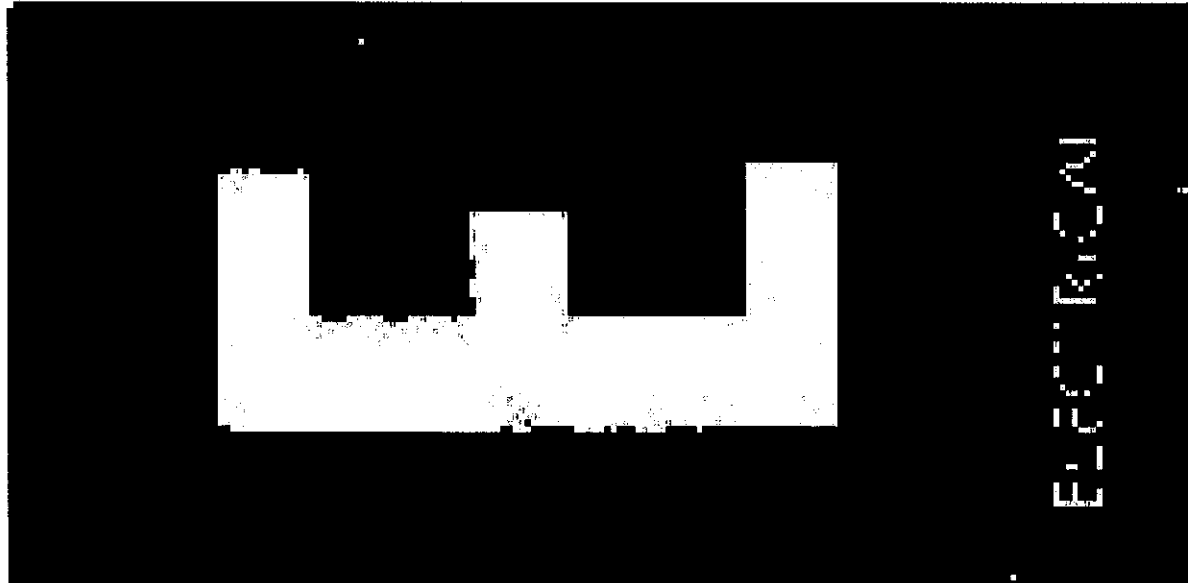
THIS  ROUGH  FINAL WORK

HAS BEEN INSPECTED AND APPROVED.

DATE \_\_\_\_\_

INSP. \_\_\_\_\_

PLM-1187-2A



SIGNED

REASON AND SECTION NUMBERS

Building Inaccessible


Call Inspector at 596- between 7:30 - 8:30 A.M.

Call Recorder at 596-9699 for Reinspection

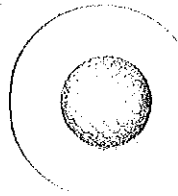
PERMIT NO.

ADDRESS

# REJECTION NOTICE



CITY OF TULSA  
ELECTRICAL  
INSPECTION DIVISION



**CITY OF TULSA**

**INSPECTION DIVISION**

THIS  ROUGH  FINAL WORK  
HAS BEEN INSPECTED AND APPROVED.

DATE \_\_\_\_\_

INSPECTION \_\_\_\_\_

MECHANICAL

MECHANICAL

**CITY OF TULSA**

**INSPECTION DIVISION**

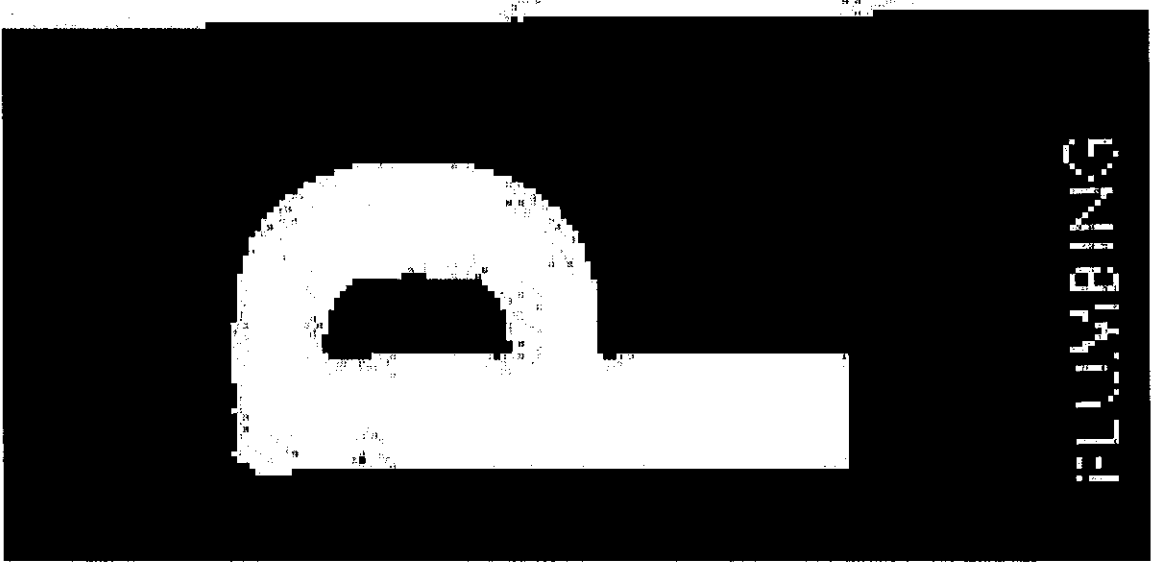
THIS  ROUGH  FINAL WORK

HAS BEEN INSPECTED AND APPROVED.

DATE \_\_\_\_\_

INSR \_\_\_\_\_

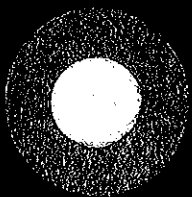
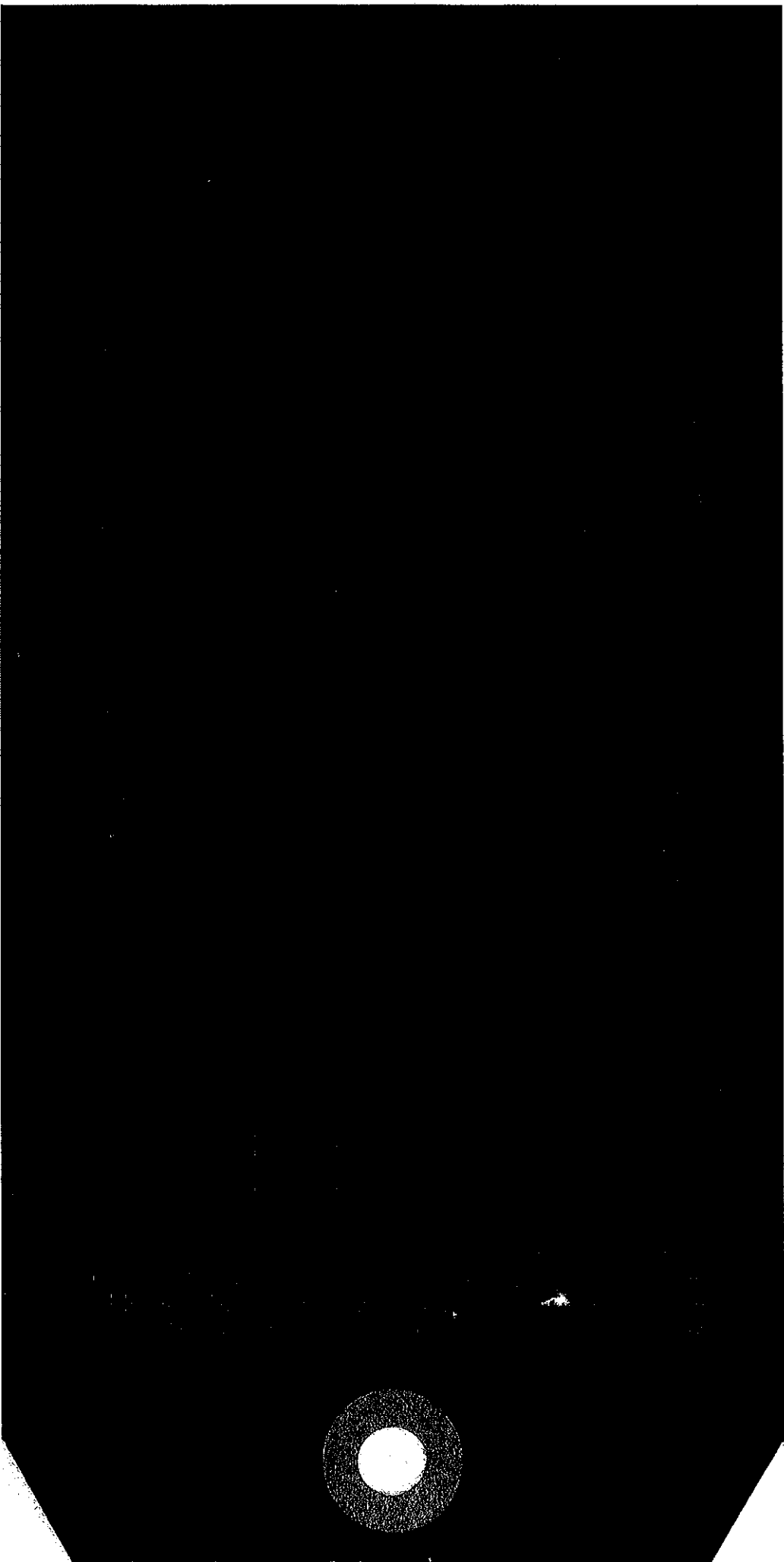
TUL-1188-A



Notice of  
Violation-  
Building  
Inspector

This form is  
on red heavy  
paper.

Hard to scan



NO. \_\_\_\_\_

**IN THE MUNICIPAL CRIMINAL COURT OF THE CITY OF TULSA, OKLAHOMA  
WARRANT FOR ARREST**

CITY OF TULSA  
COUNTY OF TULSA  
STATE OF OKLAHOMA

**VS.**

DEFENDANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ISSUED \_\_\_\_\_ MONTH \_\_\_\_\_ DAY, FILED \_\_\_\_\_ MONTH \_\_\_\_\_ DAY,

\_\_\_\_\_  
CLERK OF THE MUNICIPAL CRIMINAL COURT

ANY SHERIFF, CONSTABLE, CHIEF OF POLICE, MARSHAL OR POLICEMAN IN THE CITY OF TULSA COMPLAINT UPON OATH HAVING BEEN THIS DAY MADE BEFORE THE MUNICIPAL CRIMINAL COURT OF THE CITY OF TULSA, IN TULSA COUNTY, STATE OF OKLAHOMA, THAT THE OFFENSE OF TITLE \_\_\_\_\_, SECTION \_\_\_\_\_, PARAGRAPH \_\_\_\_\_ (DESCRIPTION \_\_\_\_\_) OF THE REVISED ORDINANCES OF THE CITY OF TULSA HAS BEEN COMMITTED AND ACCUSING THE ABOVE NAMED THEREOF YOU ARE THEREFORE COMMANDED FORTHWITH TO ARREST THE ABOVE NAMED AND BRING HIM BEFORE SAID COURT FORTHWITH.

WITNESS MY HAND AT TULSA, THIS \_\_\_\_\_ MONTH \_\_\_\_\_ DAY, A.D.,

BOND AMT. \$ \_\_\_\_\_

JUDGE OF THE MUNICIPAL CRIMINAL COURT OF THE CITY OF TULSA \_\_\_\_\_

**SUPPLEMENTAL INFORMATION**

PHONE NUMBER \_\_\_\_\_

TPD/PID NO.	RACE	SEX	HGT	WGT	HAIR	EYE	D. O. B.	SOC. SEC. NO.
OPERATOR LICENSE NUMBER	STATE	VEH. COLOR	YR.	MAKE	MODEL	STYLE	TAG NUMBER	
YR.	STATE	EMPLOYER/SCHOOL	EMPLOYER ADDRESS	CITY				

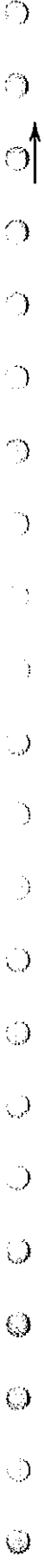
**OFFICER'S RETURN**

STATE OF OKLAHOMA, COUNTY OF TULSA, CITY OF TULSA.

I RECEIVED THIS WARRANT ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, AND EXECUTED SAME BY ARRESTING THE ABOVE NAMED DEFENDANT, AND NOW HAVE HIS BODY IN THE COURT BEFORE THE NAMED MUNICIPAL CRIMINAL COURT OF THE CITY OF TULSA AS HEREIN COMMANDED.

\_\_\_\_\_  
CHIEF OF POLICE

BY \_\_\_\_\_ OFFICER



[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]





PAY ENDING

NO.

PAY ENDING

NO.

PAY ENDING

NO.

FIRST HALF MONTH

FIRST HALF MONTH

FIRST HALF MONTH

TUL-2089

TUL-2090

TUL-2095

DATE	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														

01 \_\_\_\_\_ 03 \_\_\_\_\_  
 20 \_\_\_\_\_ 04 \_\_\_\_\_  
 02 \_\_\_\_\_ 10 \_\_\_\_\_

01 \_\_\_\_\_ 03 \_\_\_\_\_  
 20 \_\_\_\_\_ 04 \_\_\_\_\_  
 02 \_\_\_\_\_ 10 \_\_\_\_\_

01 \_\_\_\_\_ 03 \_\_\_\_\_  
 20 \_\_\_\_\_ 04 \_\_\_\_\_  
 02 \_\_\_\_\_ 10 \_\_\_\_\_



**NOTICE OF SUSPENSION**

STATE OF



OKLAHOMA

**NOTICE OF SUSPENSION**

Your privilege to drive in the State of Oklahoma is hereby suspended.

Authority: 22 O.S. § 11155.5 (A)

See Enclosed Instructions Regarding Suspension Reinstatement and Hearing Procedures.

CITATION NUMBER		DATE OF VIOLATION		COURT DOCKET NUMBER	
LOCATION OF VIOLATION					
DESCRIPTION OF VIOLATION					
FINE AND COST		SCH. APPR. DATE		CITY CODE	
DRIVER LICENSE NUMBER		STATE		DATE OF BIRTH	
NAME		LAST		FIRST	
				MIDDLE	
STREET ADDRESS					
CITY		STATE		ZIP CODE	
VEHICLE TAG NUMBER		STATE		YEAR	
				MAKE	
				MODEL	

<b>COURT INFORMATION</b>	
NAME OF COURT	
MAILING ADDRESS	
CITY	STATE
	ZIP CODE
TELEPHONE	
AREA CODE	NUMBER
JUDGE/CLERK SIGNATURE	DATE OF NOTICE

**MUNICIPAL COURT OF THE CITY OF TULSA  
STATE OF OKLAHOMA**

VS	CITY OF TULSA	PLAINTIFF	CHARGE NO.
		DEFENDANT	CASE NO.

CITY OF TULSA }  
 COUNTY OF TULSA }      SS      INFORMATION  
 STATE OF OKLAHOMA }

**IN THE NAME AND BY THE AUTHORITY OF THE STATE OF OKLAHOMA AND THE CITY OF TULSA.**

Comes now Deirdre O. Dexter, the duly appointed, qualified and acting City Attorney of the City of Tulsa, Tulsa County, Oklahoma, and informs the Municipal Court of the City of Tulsa, Tulsa County, Oklahoma, that heretofore, to-wit: On or about the \_\_\_\_\_ day of \_\_\_\_\_ A.D. \_\_\_\_\_, within the corporate limits of the City of Tulsa, located within Tulsa, Osage, Rogers and Wagoner Counties, in the State of Oklahoma, \_\_\_\_\_, the above named defendant, did then and there unlawfully and wrongfully

contrary to the form of the ordinances in such cases made and provided and against the peace and dignity of the State of Oklahoma and the City of Tulsa.

WITNESSES	Deirdre O. Dexter, City Attorney <hr/> APPROVED: By: _____ <hr/> <p align="center"><b>VERIFICATION</b></p> CITY OF TULSA } COUNTY OF TULSA }      SS STATE OF OKLAHOMA }
	I, _____, being duly sworn on oath state that I have read the foregoing information and know the facts and contents thereof, and that the facts stated are true. <hr/> <p align="center">COMPLAINANT'S SIGNATURE</p> Subscribed and sworn to before me this _____ day of _____ A.D. _____ <p align="center">Tony Cellino Clerk, Municipal Court</p> By _____ <p align="center">DEPUTY</p>

Corporate Express® TUL 2114E OCT 1 06/16/2006

IN THE MUNICIPAL CRIMINAL COURT OF THE CITY OF TULSA  
TULSA COUNTY, STATE OF OKLAHOMA

THE CITY OF TULSA, TULSA COUNTY,  
STATE OF OKLAHOMA

PLAINTIFF,

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

vs

\_\_\_\_\_  
Defendant

**ORDER OF IMPRISONMENT FOR FAILURE TO PAY OR APPEAR**

Upon a hearing held on the \_\_\_\_\_ day of \_\_\_\_\_, the Court found the above captioned Defendant unable to immediately pay the fine and/or costs in the instant case. The Court, upon inquiry of this Defendant, further found that said Defendant would be able to pay as follows:

\_\_\_\_\_ One Payment      The entire amount, to wit \$ \_\_\_\_\_, is due no later than 4:00 P.M. on \_\_\_\_\_, or Defendant shall report to the Court Records Section (Room 228) no later than 9:00 A.M. that day to be added to the Court's Disposition Docket.

\_\_\_\_\_ Community Service      \_\_\_\_\_ work days to be completed before \_\_\_\_\_, or Defendant shall report to the Court Records Section (Room 228) no later than 9:00 A.M. that day to be added to the Court's Disposition Docket.

The Defendant was recognized back to satisfy the fine and/or costs in the manner here prescribed only after said Defendant agreed he/she could comply. The Defendant failed to comply and did not appear.

IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED BY THE COURT that the said Defendant be imprisoned for \_\_\_\_\_ days pursuant to Section VIII, Rules of the Oklahoma Court of Criminal Appeals.

IT IS FURTHER ORDERED that a Bench Warrant for Execution Only shall issue to be served upon the Defendant. When the warrant is served upon the Defendant, the Defendant may pay the amount owed, \$ \_\_\_\_\_, and be released from custody. Upon full payment the case may be closed. If the case is not closed by such payment, the Defendant shall be brought before the Court according to the arraignment schedule as set forth by the Rules of the Municipal Criminal Court.

Dated this \_\_\_\_\_ day of \_\_\_\_\_,

Attest:

\_\_\_\_\_  
CLERK OF THE MUNICIPAL CRIMINAL COURT

By \_\_\_\_\_  
DEPUTY COURT CLERK

\_\_\_\_\_  
JUDGE OF THE MUNICIPAL CRIMINAL COURT

# TULSA POLICE DEPARTMENT - OVERTIME REQUEST

THIS FORM FOR COMP

SOCIAL SECURITY NUMBER \_\_\_\_\_ DIVISION \_\_\_\_\_ SQUAD \_\_\_\_\_ SHIFT \_\_\_\_\_

EMPLOYEE'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

TOTAL HOURS REQUESTED	START TIME	END TIME	DATE OT BEGAN	
	: : .	: : .		

Municipal Court     District Court     Dept. of Public Safety     JBDC     U.S. District Court  
 COURT SUBPOENA NUMBER \_\_\_\_\_ PROSECUTOR'S INFORMATION \_\_\_\_\_ DISPOSITION \_\_\_\_\_

Training (Student)     Meeting     Late Radio Call:  
 Training (Instructor)     Conference     Special Event:  
 FTO     Special Team Call:

Holiday:  
 EMPLOYEE SIGNATURE \_\_\_\_\_ DATE/TIME \_\_\_\_\_

SUPERVISOR SIGNATURE \_\_\_\_\_ DATE/TIME \_\_\_\_\_

DIVISION STAFF SIGNATURE \_\_\_\_\_ DATE/TIME \_\_\_\_\_

TUL-4272-C    TOP WHITE ORIGINAL - Court Monitor (Court Overtime Only)    MIDDLE WHITE COPY - Officer    GREEN COPY - Timekeeper



# DAILY VEHICLE CHECK LIST

INSTRUCTIONS: This form is to be used to check all City vehicles (rolling stock)

VEHICLE NO. MONTH

ITEM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
1. Fuel level																															
2. Coolant level																															
3. Oil level																															
4. Tires																															
5. All lights																															
6. Clutch pedal free play																															
7. Inside Housekeeping																															
8. Auto transmission level																															
9. Outside Housekeeping																															
10. Fuel Card																															
11. Vehicle Walkaround Inspect																															
12.																															
13.																															
14.																															
15.																															

ADDITIONAL COMMENTS:

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My signature indicates I have checked the above items and the vehicle is properly serviced.

SIGNATURE - FORWARDER/ATOR

DATE

**IN THE MUNICIPAL COURT OF RECORD  
CITY OF TULSA, OKLAHOMA  
VIOLATION OF TRAFFIC ORDINANCE**

Citation/Information

3311652 1

DATE	TIME	
LOCATION		
VEHICLE YEAR	MAKE	MODEL
STYLE	COLOR	TAG YEAR
TAG STATE	TAG NO.	
VIN.		
WITNESS NAME		ADDRESS
<p>"I, the undersigned issuing officer, hereby certify and swear that I have read the foregoing information and know the facts and contents thereof and that the facts supporting the criminal charge stated therein are true."</p>		
SIGNATURE		DATE
ID NO.	DIV.	

DID WITHIN THE CITY OF TULSA, OKLAHOMA, COMMIT THE FOLLOWING OFFENSE

**VIOLATION**

Title/Sec/Para	Description of Violation
37 500	<input type="checkbox"/> Parking in meter zones (Overtime)
37 507	<input type="checkbox"/> No Parking
37 508	<input type="checkbox"/> Parking Prohibited / Certain Hours
37 509	<input type="checkbox"/> Parking Time Limited
37 511C	<input type="checkbox"/> Jaypark or Park within 12" of Curb
37 516	<input type="checkbox"/> Double Parking or stopping
37 517A	<input type="checkbox"/> Alley Parking-Commercial Vehicle Only
37 520A2	<input type="checkbox"/> Passenger Vehicle in Loading Zone
37 521B	<input type="checkbox"/> No Parking Bus/Taxi Zone
37 522	<input type="checkbox"/> Parking Prohibited
37 525	<input type="checkbox"/> Handicap Zone
37	<input type="checkbox"/> OTHER

**WALK-IN PAYMENTS:**  
7:30 A.M. TO 5:30 P.M.  
MON. - FRI. EXCLUDING HOLIDAYS

CITIZEN SERVICE CENTER  
CITY HALL, STREET LEVEL  
200 CIVIC CENTER  
TULSA, OK. 74103

FINE

\$

**NOTICE**

**DO NOT MAIL CASH**

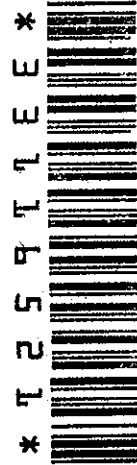
To use return envelope - remove reference stub  
enclose payment - peel tape - fold and press to seal

You may plead guilty and pay the fine indicated by using the attached mailer and mailing a check or money order within ten (10) days of the date of issuance (excluding Saturdays, Sundays and Holidays).

All late payments must include a \$5 late fee for each citation.

You may plead not guilty, in person, from 8:00 a.m. to 5:00 p.m. weekdays at the Municipal Court, 600 Civic Center, Room 228, Tulsa, OK. 74103, by posting a cash bond equal to the fine amount indicated plus court costs within ten (10) days of the date of this issuance (excluding Saturdays, Sundays and Holidays).

Failure to comply with these instructions will result in additional penalties to the maximum as provided by ordinance and or the tow and confiscation of the above-named vehicle.  
TUL-4653 A



3311652



**CITY OF TULSA**  
**INSPECTION DIVISION**  
**REJECTION NOTICE**

TUL-4660

ADDRESS \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

REASON AND SECTION NUMBER \_\_\_\_\_

INSP. \_\_\_\_\_

Call Inspector 596-9686 between 8:00 – 9:00 A.M.

**P**

**PLUMBING**

# VOLUNTARY DEDUCTION AUTHORIZATION

## CITY OF TULSA

ACTION:  ADD  
 CHANGE

L1	L2	EMPLOYEE NUMBER	LAST NAME	SUFFIX	FIRST NAME	CURRENT DATE
						Y Y M M D D
L3	L4	L5	DEPARTMENT NAME	DIVISION NAME	EFFECTIVE DATE	
					Y Y M M D D	

	X	DEDUCTION	P	AMOUNT	LIMIT		X	DEDUCTION	P	AMOUNT	LIMIT
33		PFIA			61			Parking - employee Parkade			
34		BMA			61			Parking - employee Underground			
40		FOP Union Dues			61			Parking - employee Performing Arts			
41		Black Officers Coalition Dues			62			Parking - employee Surface - Pretaxed			
42		Police Cash Retirement			62			Parking - employee Parkade - Pretaxed			
43		Firefighters Death Benefit			62			Parking - employee Underground - Pretaxed			
44		Firefighters Union Dues			64			Bus Pass - employee			
45		Fire Cash Retirement			65			Bus Pass - employer			
46		AFSC & ME Union Dues			66			Bus Pass - employee - Pretaxed			
50		TME Credit Union			68			Safety Shoes - employee			
52		FOP Credit Union			70			Police Memorial Fund			
54		Firefighters Credit Union			71			United Way (changes only)			
60		Parking - employer			74			Signature Prepaid Legal			
61		Parking - employee Surface			75			FOP Legal Defense			

**PAYROLL ONLY - NO SIGNATURES**

90/D	Family Support / DHS			91	Family Support - Arrears		
92	Court Garnishment			94	Tax Levy		
95	Other Garnishments			9E	Bankruptcy		

REMARKS

I hereby authorize the City of Tulsa Payroll Section to process the above deduction change(s).

EMPLOYEE SIGNATURE	DATE

**LEAVE CORRECTION/  
CONVERSION** TUL-4716-D

L1	L2	L3	L4	L5	Employee Number	Employee Name	Current Date Y, Y   M, M   D, D
----	----	----	----	----	-----------------	---------------	------------------------------------

Special Hours Accum	CODE	# HOURS	CODE	# HOURS	CODE	# HOURS	CODE	# HOURS	Update Codes M
	1.		2.		3.		4.		Update Codes M
	5.		6.		7.		8.		

Hourly Rate: \_\_\_\_\_

Special Hours Accumulators = Use special hours codes as defined for time entry (to reverse or correct amounts already paid).

Update Codes      A = Add      M = Minus

Special Hours Accumulators # = Sick (reduce or add to available) \* = Vacation

Y = Regular Hours	I = Comp Accrued
F = Floating Holiday	T = Short Sick Used
G = Injury Leave	C = Comp Used
N = Funeral Leave	W = Short-Term Sick Accrual
P = Holiday Personal Leave	7 = Leave Without Pay

**Payroll Only**

DOE Accum	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	Update Codes M
	1. Reg		2.		3.		Update Codes M
	1. Other		2.		3.		

Reason for adjustment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dates: \_\_\_\_\_

Pay Period Affected: \_\_\_\_\_

Department \_\_\_\_\_ Contact Phone \_\_\_\_\_

Employee Signature \_\_\_\_\_

Department Signature \_\_\_\_\_



Place  
**Building**  
Approval  
\*Sticker  
HERE

*Not approved*  
**DO NOT REMOVE**

**\*Required before occupancy  
can be approved**

TUL4849

Place  
**Mechanical**  
Approval  
\*Sticker  
HERE

**\*Required before occupancy can be  
approved**

Place  
**Electrical**  
Approval  
\*Sticker  
HERE

**\*Required before occupancy can be  
approved**

Place  
**Plumbing**  
Approval  
\*Sticker  
HERE

**\*Required before occupancy can be  
approved**

# City of Tulsa

## New Residence Approved for Occupancy

*Jack L. Page, P.E.*  
Building Official

Permit # \_\_\_\_\_

Address \_\_\_\_\_

International Residential Code 20 \_\_\_\_\_

Sprinkler system: Yes  No

Special stipulations and/or conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inspected by: \_\_\_\_\_

Date: \_\_\_\_\_

### DO NOT REMOVE

TUL4850

IS the envelope FLAP  
tape sealed and initialed?

TUL 853

DA-WK	MO	DAY	YR	I.D. NUMBER	LATENT# 1,2, etc.
	DATE RECOVERED				

LAB USE ONLY

CRIME TYPE DESCRIPTION	
TPD/PID NUMBER	VICTIM NAME IF INDIVIDUAL-LAST, FIRST, MIDDLE
LOCATION OF OCCURANCE: STREET/CITY	
<input type="checkbox"/> PHOTOGRAPHS <input type="checkbox"/> LATENTS	RECOVERED BY: OFFICER
<input type="checkbox"/> ARREST MADE	<input type="checkbox"/> JUVENILE SUSPECT(S)
SUSPECT NAME/TPD NO.	
SUSPECT NAME/TPD NO.	
PROP RM#	OFFENSE#
DET. ASSGND	

**CHAIN OF CUSTODY**

DATE									
TO									
FROM									



# INFORMATION LOG

TUR-4822

CUST REF #

PHONE

SPOKE TO

TIME

ACCT NAME

ON ADDRESS

PROP REF #

DATE

S/O #

OFF ADDRESS

PROP REF #

DATE

S/O #

T-ON

T-OFF

RESET

WINS

RADIO

DS

BILLED DEP \$

PAYSTUB

BILLING

AGENCY

RETURN CHK

PA'S

PARTIAL PY

MAIL TO:

WAIVE DEP #

AC #

DEPOSIT #

MISC. INFO

DATE

NAME

**TULSA POLICE RADIO LOG**

TUL-371-D

Weapons  
 BA or MP  
 CBS  
 ADDT  
 ATL  
 Kickup  
 COS  
 Cancel  
 Gen-Info  
 Other

NIC INACCUR. NO.  
 AUTH.

RECEIVED FROM NAME: \_\_\_\_\_ DATE/TIME RECEIVED: \_\_\_\_\_ DISPATCHED BY: \_\_\_\_\_ DATE/TIME DISPATCHED: \_\_\_\_\_  
 LOCATION OF OFFENSE/INCIDENT: \_\_\_\_\_ DATE/TIME OF OFFENSE/INCIDENT: \_\_\_\_\_

VOO	VNR	VMS	VMO	VEF	LIV	LIB	LJC	VAN
<input type="checkbox"/> Suspect								
<input type="checkbox"/> Victim								

RACE/SEX	AGE	DOB	HEIGHT	WEIGHT	HAIR COLOR/STYLE	EYES
<input type="checkbox"/> Suspect						
<input type="checkbox"/> Victim						

RACE/SEX	AGE	DOB	HEIGHT	WEIGHT	HAIR COLOR/STYLE	EYES
<input type="checkbox"/> Suspect						
<input type="checkbox"/> Victim						

NARRATIVE

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**TULSA MUNICIPAL COURT  
CASH BOND RECEIPT**

CASE NO.	DATE
----------	------

**No CB 311436**

DEFENDANT

BONDSMAN

AMOUNT

ADDRESS

CITY

STATE

ZIP

\$

PHONE

DOLLARS

YOU ARE HEREBY ORDERED TO APPEAR IN MUNICIPAL COURT AT:

AM  
 PM

on the \_\_\_\_\_ day of \_\_\_\_\_

DIV \_\_\_\_\_

600 CIVIC CENTER  
2ND FLOOR  
TULSA, OKLAHOMA

, 20\_\_\_\_ AT:

FOR VIOLATION

WARRANT NO.

PRESENT RECEIPT TO OBTAIN REFUND  
ANY REFUND DUE WILL BE MADE BY CHECK

CLERK OF THE MUNICIPAL COURT

FINE	\$	COSTS	\$
REFUND	\$	CK. NO.	
		BY	

**TOW-IN REPORT**

TULSA POLICE DEPARTMENT

RECORDS DIVISION - ATTACH 10-28

TUL-495-G

TOWED FROM (LOCATION)		REASON FOR TOW		DATE	TIME
ANY HOLD <small>(Explain below)</small> <input type="checkbox"/> No <input type="checkbox"/> Yes		OWNER - IF KNOWN	ADDRESS	DRIVEN BY	
<b>VEHICLE</b>			<b>RECORDS DIVISION USE ONLY</b>		
TOP - COLOR - BOTTOM		LOGGED	INITIALS	DATE	
YEAR	MAKE	VNO			
MODEL	STYLE	LETTER MAILED			
LICENSE YEAR	LICENSE STATE	COPIES TTY			
LICENSE NUMBER		COPY DET.			
VIN (SERIAL NUMBER)	OWNER NOTIFIED				
<b>VEHICLE CONDITION</b> 3701 Battery Taken 3702 Burned 3703 Damaged 3704 Eng. Trans. Missing 3705 Stripped 3706 Plates Missing 3707 Wheels Tires Taken 3708 Wrecked 3700 Other:		<b>WHEELS</b> 3714 Mag Type 3742 Spoked 3743 Chrome 3744 Unique Size 3745 Wire 3740 Other:		<b>MODIFIED</b> 3721 Front Raised 3722 Rear Raised 3723 Vehicle Raised 3724 Front Lowered 3725 Rear Lowered 3726 Veh. Lowered 3727 Custom Body 3720 Other:	
		<b>WINDOW DAMAGE</b> 3751 Front 3752 Rear 3753 Left 3754 Right 3755 Wing/L 3756 Wing/R 3757 Other:		<b>MISCELLANEOUS</b> 3761 Wide-Tire 3762 Side Exhausts 3763 Loud Exhausts 3764 Unique Item 3765 Mirror Glass 3766 Window Covers 3760 Other:	
		<b>LOCKED</b> <input type="checkbox"/> Console <input type="checkbox"/> Glove Box <input type="checkbox"/> Trunk <input type="checkbox"/> Other:		<b>BODY DAMAGE</b> 3731 Front 3732 Rear 3733 Left 3734 Right 3735 Top 3730 Other:	

VEHICLE INVENTORY	
PROPERTY LEFT IN VEHICLE	
PROPERTY TURNED TO PROPERTY ROOM	
<input type="checkbox"/>	Billfold/Purse
<input type="checkbox"/>	CB Radio
<input type="checkbox"/>	Clothing
<input type="checkbox"/>	Coat
<input type="checkbox"/>	Hat
<input type="checkbox"/>	Pants
<input type="checkbox"/>	Shoes
<input type="checkbox"/>	Groceries
<input type="checkbox"/>	Hubcaps
<input type="checkbox"/>	Jack
<input type="checkbox"/>	Keys
<input type="checkbox"/>	Lug Wrench
<input type="checkbox"/>	Packages
<input type="checkbox"/>	Spare Tire
<input type="checkbox"/>	Speakers
<input type="checkbox"/>	Tape Player
<input type="checkbox"/>	Tapes
<input type="checkbox"/>	Tool Box
<input type="checkbox"/>	Tools
<input type="checkbox"/>	OTHER
Property Receipt No.:	

VEHICLE TURNED TO WRECKER SERVICE - OFFICER'S NAME (PRINT)	PAYROLL NO.	INFORMATION ABOVE CORRECT - WRECKER DRIVER'S SIGNATURE
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HOLD INFORMATION	HOLD FOR	EXPLANATION OF HOLD	
<input type="checkbox"/> Unpaid Citations  No. _____ Amt. \$ _____ (no other info. necessary) <input type="checkbox"/> Evidence in a Crime <input type="checkbox"/> Vehicle to be processed* <input type="checkbox"/> Hit and Run - Felony <input type="checkbox"/> Hit and Run - Misd. <input type="checkbox"/> OK Tax Comm. <input type="checkbox"/> Other:	<input type="checkbox"/> Burglary Detectives <input type="checkbox"/> Robbery Detectives <input type="checkbox"/> Homicide Detectives <input type="checkbox"/> Sex Crime Detail <input type="checkbox"/> Auto Theft Detail <input type="checkbox"/> Hit and Run Detail <input type="checkbox"/> Other: OFFICER:	RELATED OFFENSE/ARREST REPORT	CRIME TYPE
		DATE OF OCCURRENCE	OFFENSE VICTIM
		LOCATION OF OCCURRENCE	
		OFFICER'S ESTIMATED VALUE	
<b>FURTHER EXPLANATION</b>			
*ID INFORMATION			
ID NOTIFIED	<input type="checkbox"/> SID - Narcotics <input type="checkbox"/> SID - Vice <input type="checkbox"/> SID - Hold for confiscation		
DATE/TIME NOTIFIED			
PERSON NOTIFIED	HOLD RELEASED BY - OFFICER'S NAME	PAYROLL NO.	DATE/TIME OF RELEASE
	VERBAL HOLD RELEASED - CLERK	PAYROLL NO.	DATE/TIME OF RELEASE

**TRAVEL AUTHORIZATION / ADVANCE AND EXPENSE VOUCHER** TUL-534-N

**№ 08135**

1. No-travel expense will be honored without this authorization.
2. A brief description of travel rules is listed on the back of this form. For complete details read the travel rules in the Accounts Payable Procedures for Payment.

NAME		AIRLINE TICKET RECEIVED		CAR VOUCHER RECEIVED
STREET ADDRESS		CITY	STATE	ZIP CODE
DEPARTMENT		REQUEST PREPARED BY		PHONE

PURPOSE OF THE TRIP

WHAT IS EXPECTED TO BE GAINED FROM TRIP?

LOCATION (CITY, STATE)		NUMBER OF DAYS ON TRIP
DATE LEAVING	DATE RETURNING	NUMBER OF DAYS OF EVENT

ESTIMATED EXPENSES TO BE ADVANCED TO EMPLOYEE (if any expenses to be paid by other than City, for what and by whom)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		I EST. EXPENSES	II ACTUAL EXPENSES
1. Per Diem					
2. Hotel	NUMBER OF DAYS	ROOM RATE			
		X			
3. Miscellaneous					
4. Auto - Personal, City	Miles	X Rate	= Gasoline	Tolls	
<b>SUB-TOTAL</b>				\$	\$

Difference of Estimated and Actual Expenses\* \$

TO BE PAID DIRECT TO VENDOR		EST. EXPENSES	ACTUAL EXPENSES
5. Airfare			
6. Car Rental			
7. Registration			
8. Hotel Deposit			
<b>SUB-TOTAL</b>		\$	\$

Difference of Estimated and Actual Expenses\* \$

**TOTAL (Add top and bottom portions)** \$ \$

**\*DIFFERENCE**  
 If column I is greater than column II, employee must attach check for overpayment. \$ \_\_\_\_\_  
 If column II is greater than column I, \$ \_\_\_\_\_ reimbursement to employee.

FUND	ACCOUNT	CENTER
	T R A V E L	

<b>APPROVAL</b>	Check AFF to be sure funds are available.	
	DEPARTMENT HEAD OR DESIGNATED APPROVER	DATE
	ACCOUNTS PAYABLE SUPERVISOR	DATE