## **BUREAU OF INVESTIGATION**

FINGERPRINT EXAMINATION REQUEST ABI-28 (2-95)

RETURN TO: LATENT PRINT UNIT P.0. BOX 1511 Montgomery AL 36102-1511 Phone- (334) 353-4320

TYPE OR PRINT CLEARLY (USE BLACK INK) AND SUBMIT IN TRIPLICATE

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					10. DPS LATENT CASE NO:				
CITY	S	TATE	ZIP						
4. PHONE NO:				11, NEW (	1, NEW CASE: 12. ADDITIONAL EVIDE			DENCE OR SUSPECT	
5. REPORT TO:				13. SPEC	13. SPECIAL INSTRUCTIONS:				
14. SUBMITTED BY:			15. SIGNATURE			16. AGENCY		17. DATE/TIME	
18. DETAILED LIST OF IT	TEMS SUBMITT	ED: INCLUDE NAME	E, RACE, SEX, DOB, OI	F ALL SUSPECTS.	USE EXTRA SHEET	TS IF NECESSA	ARY .	•	
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