Photo Array Request Form

BCI Officer: _____

Date: _____

Requesting Officer/Rank: _____

Department: _____

Department Case #: _____

Suspect: _____

Date of Birth: _____

BCI Number

Any other departments requesting same lineup? ◯ YES ◯ NO

Officer/Rank: _____ Department: _____

Officer/Rank: _____ Department: _____

For office use: **Photo on Back**

BCI Case # [_____]   Lineup #: [_____]

Received on: [_____]   Completed on: [_____]

	Last	First	BCI Number
1			
2			
3			
4			
5			
6			
7			
8			

Name	BCI Number		Name	BCI Number

BCI Form 114 (rev. 3/22/06)