

RECORDS REQUEST FORM

Records may be requested by submitting this form. Completed records requests will be mailed to the requestor, or may be picked up in person at the Sheriff's Office. We DO NOT fax or e-mail completed requests.

Prepayment is required for any request in excess of \$5 and/or for photos, video or audio records.

Requestor's Name:

First Last

Telephone: () - FAX: () -

Business Name:

E-Mail Address *

Mailing Address: * Street: City State Zip

Requested Subject's Information (if different than above)

Name: First Middle Last Date of Birth:

Record Information:

Case No: Date of Incident:

Record Type: (Pick all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Police Report | <input type="checkbox"/> Accident Reports (for insurance) |
| <input type="checkbox"/> Background | <input type="checkbox"/> Criminal History |
| <input type="checkbox"/> Citation | <input type="checkbox"/> Photograph |
| <input type="checkbox"/> Mug Shot | <input type="checkbox"/> Video |

Any other information that may help us to identify the record you are requesting: