

Public Record Request Form



Requestor Contact:

NAME: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone/Cell: _____

Email: _____

Public Records Request:

Report number?: _____ Deputy?: _____

Type of Report: ___: Theft | ___: Crash | ___: Property Damage | ___: Assault or Domestic Violence |
___ Other: (explain) _____

What are you requesting? ___: Copy of Report | ___: Other (explain) _____

Office Only:

Date Received: ___/___/___ Date Completed: ___/___/___ Type of Response?: ___ Pick Up | ___: E-mail | ___: Mail

Notes:

UNIT #: _____ DEPUTY: _____

(Deputy must sign)