

Franklin County Sheriff's Office Public Information Request Form

Requestor Name:		Phone Number:		
Address:		Town / City	State	Zip Code

Email Address:

Franklin County Sheriff's Office Case Number: (if the case number is unknown, please provide the date and the name of the parties involved along with the type of incident (i.e. Car accident, burglary, theft, family fight, etc.)

Your Relationship to the Case (please circle all that apply):

Law firm Insurance Victim Family member Accused Other (please explain below)

Reason For Request:

PAYMENT

Report Only - \$25.00 Video - \$45.00

(additional costs may apply depending on the size of the request).

Please enclose a check or money order in the appropriate amount made payable to:

Franklin County Sheriff's Office

P.O. Box 367

St. Albans, VT 05478

REQUESTS MADE WITHOUT THIS FORM WILL NOT BE HONORED