

REQUEST FOR PUBLIC RECORD

Date of Request: _____ Report Number: _____
Date of Incident: _____

Type of Record: Accident Jail Records Video
 Incident Photographs Audio
 Citation Other: _____

Location of Incident: _____

Person(s) involved: Name: _____ DOB: _____
 Address: _____
 City: _____ State: _____ Zip: _____

 Name: _____ DOB: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Additional Information: _____

Records to be returned to:

Name: _____ Telephone: _____
Address: _____
City: _____ State: _____ Zip: _____
Email Address: _____

SHERIFF'S OFFICE USE ONLY

RECEIVED BY: _____ DATE/TIME: _____

APPROVED / APPROVED WITH RESTRICTIONS / DENIED (circle one)

SPECIAL INSTRUCTIONS: _____

IF DENIED, REASON FOR DENIAL: _____

SIGNATURE: _____ DATE: _____

LETTER SENT BY: _____ DATE: _____