



SHANNON D. DICUS, SHERIFF-CORONER

RECORDS REQUEST

DATE OF REQUEST:		
TYPE OF REQUEST:		
<input type="checkbox"/> Arrest information — For self	<input type="checkbox"/> Call summary / CAD request	<input type="checkbox"/> Juvenile incident report
<input type="checkbox"/> Arrest information — For another person	<input type="checkbox"/> Crime / incident report	<input type="checkbox"/> Premises history information
<input type="checkbox"/> Boating/watercraft accident report	<input type="checkbox"/> Domestic violence report	<input type="checkbox"/> Traffic collision report
<input type="checkbox"/> Other (please describe in detail):		

PLEASE PROVIDE THE FOLLOWING INFORMATION, IF KNOWN:

Incident date:	
Type of incident:	
Address/location:	
Subject's name and DOB:	
Report or booking number:	
Other information you wish to provide:	

OPTIONAL INFORMATION:

The following information is optional if you wish to provide it. It will be used to help us locate the requested record(s) and may be used to determine if you are eligible to receive the record(s).

Reason for your request:

Do you believe you are, or someone connected to you is, a victim in this matter? Yes No

YOUR CONTACT INFORMATION:

Name:	
Mailing address:	
Email address:	
Telephone number:	

PLEASE NOTE THAT CERTAIN RECORDS MAY REQUIRE PROOF OF IDENTIFICATION BEFORE THEIR RELEASE. WE WILL LET YOU KNOW IF THAT IS THE CASE.

REQUEST RECEIVED BY/EMPLOYEE ID:	_____	_____
	Employee Name	Employee ID #