



Sheriff's Office Records Request Form

Please provide your contact information in case we have questions regarding your request for information.

1. Requester's Name (please print) _____ Telephone _____
 Mailing Address _____ Fax Number (optional) _____
 City, St, Zip _____ e-mail address _____

If you are requesting records about a specific individual, please include the individual's information.

Individual's Name _____ Individual's Date of Birth _____
(First, MI, Last)
 Individual's Address _____ Individual's Telephone _____
 City, St, Zip _____

2. Detailed Description of Records Requested - Please be very specific. For example, including case number, time frame of records requested, or the name of the benefit or service involved may help expedite the request.

3. Do you want to: Examine the requested records; or Receive a copy of the requested records (fee(s) may be charged).

Do you want the response sent by: Email Mail Fax

The Department will notify you in writing as soon as possible if your request cannot be responded to within three working days. If a fee will be charged, the Department will notify you in writing of the estimated cost and may require prepayment.

Date Requested _____

If you are requesting individual-specific information, including yours, your signature must be notarized.

4. Requester's Signature _____

I, _____ being a Notary Public, do hereby certify that on this
 day _____ of _____, 20____, the above individual, having been first
 duly sworn, appeared before me and signed the foregoing document. SEAL

Signature of Notary Public _____

Notary Public residing at _____

My commission expires on _____

Sheriff Office use only

- ID Provided _____
- Form Complete _____ Authori
- Accessing own records _____
- Documentation Attached _____

5. If this request is being made by someone other than the subject of the record, it must be accompanied by either a notarized Authorization for Disclosure form, or verification that the requester is an attorney seeking records about a client.

Send Completed Form by one of the following methods:

Primary email: dbethune@lincolncountyid.us

For questions call: 208.886.2250