



## 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.**

**4.** Requester's Signature \_\_\_\_\_ Date Requested \_\_\_\_\_

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

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 \_\_\_\_\_
- Authority \_\_\_\_\_
- 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](mailto:dbethune@lincolncountyid.us)

**For questions call:** 208.886.2250