



FRANKLIN COUNTY SHERIFF'S OFFICE REQUEST FOR REPORT

REQUESTOR INFORMATION

DATE: _____ PHONE NUMBER: _____

NAME: _____

ADDRESS: _____

RELATIONSHIP TO THE REPORT:

VICTIM WITNESS INSURANCE CO ATTORNEY OTHER _____

***Reports will not be released to a suspect, defendant, or anyone requesting on their behalf when the rules of discovery are applicable.**

REASON FOR REQUEST: (what do you need the report for)

There will be a minimum, non-refundable fee of \$5.00 for each report that is released. Lengthy reports will incur additional fees. All reports must be picked up within ten days of being notified that it is ready. Any report not picked up within ten days will be shredded and a new request will need to be made.

Signature of Requestor: _____

REPORT INFORMATION

(PRINT NEATLY as much information as you have available)

SUSPECT'S NAME: _____

VICTIM'S NAME: _____

REPORT #1

REPORT NUMBER: _____ DATE OF OFFENSE: _____

DEPUTY OR DEPUTIES INVOLVED: _____

TYPE OF REPORT (stealing, forgery, accident, etc.) _____

REPORT #2

REPORT NUMBER: _____ DATE OF OFFENSE: _____

DEPUTY OR DEPUTIES INVOLVED: _____

TYPE OF REPORT (stealing, forgery, accident, etc.) _____

OFFICE USE ONLY

STATUS OF REPORT: APPROVED CLOSED TO PA OTHER _____

RELEASE REQUEST SENT TO PA ON _____ BY: _____

RESPONSE FROM PA RECEIVED ON _____ (attach form)

ID SCANNED _____

APPROVED DENIED FOR RELEASE ON: _____

ITI UPDATED _____

SIGNATURE OF CLERK: _____

AMOUNT DUE	
CASH	
CHECK	