

# Cole County Sheriff's Department Request for Records

\*Advise caller/requestor that we are currently working on this\*

\*Fee is \$5.00 and may take 5-7 working days to fill the request\*

Date of Request: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Location of Offense: \_\_\_\_\_

Suspect: \_\_\_\_\_ Victim: \_\_\_\_\_

Case # \_\_\_\_\_

Person/Agency Requesting Records: \_\_\_\_\_

Telephone # \_\_\_\_\_ Operator taking request: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Records Approval for Release: YES NO

Supervisor Signature: \_\_\_\_\_

Reason for Refusal: \_\_\_\_\_

## FOR OFFICIAL USE ONLY:

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