LINCOLN COUNTY SHERIFF'S OFFICE
RECORDS REQUEST

To receive a copy of any report or record from the Lincoln County Sheriff's Office you must make a written request, or complete this form. You must also pay the required fees.

REQUESTOR:

_____
NAME (Please Print): REPRESENTING

_____
PHONE

_____
ADDRESS CITY STATE ZIP

_____
AGENCY OR BUSINESS

I agree not to use, share, or disseminate any information pertaining to the record other than for lawful purposes.

NOTE: Any report or record that has pending criminal charges, or possible criminal charges, must be obtained from the Lincoln County District Attorney's Office.

_____
Signature of requesting person Date

Report Type: _____
Case Number: _____
Date/ Time: _____
Location: _____
Involved Persons: _____

FOR OFFICE USE ONLY:

- ❑ Copy of report provided
  Report fees paid: $_____ Date paid: _____ Receipt #:_____
  Date mailed or hand delivered: _____ By whom: _____
  Number of pages: _____
  Front & back only: _____
  Summary only: _____
  Entire report: _____
  Other information: _____
- ❑ Request denied/ reason: _____
- ❑ No record found: _____
- ❑ Record reviewed (no copy made): _____

IDENTIFICATION:

- ❑ Person known by agency
- ❑ Driver License # or other ID: _____