

# Request for Information

**NOTE: Please print clearly.** You will be contacted upon completion of your request.  
You must provide a contact phone number and email address.

Request Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

Requested by: \_\_\_\_\_

Phone #: \_\_\_\_\_

Division:  Criminal  Traffic  Civil

Email address: \_\_\_\_\_

***If there are any outstanding or pending matters in any division, they will be included on the background.***

Name of Case: \_\_\_\_\_ DOB: \_\_\_\_\_

Other Names or Aliases: \_\_\_\_\_ SS#: \_\_\_\_\_

Case #: \_\_\_\_\_  Pending

Date of Case: \_\_\_\_\_  Closed

Documents Requested: \_\_\_\_\_

## **Please indicate action requested:**

- Certified Copies - \$5.00 Per Certification  Audio Recording \$5.00  Review File  
 Copies- 50¢ Per Page  Other

## OFFICIAL USE ONLY

Emailed by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

**REQUEST COMPLETED** Staff Initials: \_\_\_\_\_

## CONTACT INFORMATION

### Contact 1

Person Contacted: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Time Called: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

### Contact 2

Person Contacted: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Time Called: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

## REQUESTING PARTY

Reviewed/Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM