

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: _____ Job Title: _____
Phone #: _____ ☐ Private Attorney ☐ Advocate
Address: _____
Email address: _____

Division: ☐ Criminal ☐ Traffic ☐ Civil

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 |
| ☐ Copies - 50¢ Per Page | ☐ Review File |

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