



ELKO COUNTY SHERIFF'S OFFICE

RECORDS REQUEST FORM



Name of Requestor/Firm/Company:		Telephone Number:	
Mailing Address:			
City:		State/Zip:	
Contact Person e-mail address (optional):			
Reason for Request (required):		Social Security # (only required for LAH):	
Incident Information (provide as complete and accurate information as known)			
Case # or Citation #: (if known)		Officer: (if known)	
Date of Incident:		Time: AM PM	
Location of Incident/Street Address:			
Type of Incident/Crime/Description of events:			
Persons Involved (full and complete name known):			
_____ DOB _____			
_____ DOB _____			
_____ DOB _____			
Vehicle Information: Make/Model/Year/Color/Style/etc. (if appropriate, if known)		License#:	State:
<u>You will be contacted by the Records Department within five business days of this request being received. At that time you will be notified if this report is available and the fee for the report.</u>			
Please specify the preferred method of receiving the requested record(s).			
<input type="checkbox"/> By postal mail at the mailing address above			
<input type="checkbox"/> In person			
<input type="checkbox"/> Email _____			
By signing below I certify that the information above is true and correct to the best of my knowledge. I understand that copying and other associated fees may apply and that records will not be released until payment is received.			
X _____		Date _____	
REQUESTOR SIGNATURE			
OFFICIAL USE ONLY			
Date Received: _____		Requestor Notified: _____ Fee: \$ _____	
Response Due Date: _____		Report Mailed/Picked Up: _____	
Approved: _____		Case #: _____	
Denied: _____		To DA: _____ Investigations: _____ Not Complete: _____ Other: _____	
Revised 2/2020			