



# ELKO COUNTY SHERIFF'S OFFICE

## RECORDS REQUEST FORM



Name of Requestor/Firm/Company:	Telephone Number:
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Mailing Address:

City:	State/Zip:
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Contact Person e-mail address (optional):

Reason for Request (required):

**Incident Information** (provide as complete and accurate information as known)

Case # or Citation #: (if known)	Officer: (if known)
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Date of Incident:	Time:                      AM              PM
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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:
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**This document officially provides the five day written notification to the requestor that the records requested may not be available by the end of the fifth business day after the date of this request. The estimated time needed will be 30 days. You will be advised of records status when completed.**

**Copy of ID Required to accompany this request. Not required if this is a business requesting records.**

Mail or email the completed form to: 775 W. Silver St. Elko, NV 89801 **Email:**ecsorecords@elkocountynv.net

Please specify the preferred method of receiving the requested record(s).

- By postal mail at the mailing address above
- In person
- 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: _____	Fee: \$ _____
Response Due Date: _____	Requestor Notified: _____
Case #: _____	Report Disseminated: _____

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ To DA: \_\_\_\_\_ Investigations: \_\_\_\_\_ Not Complete: \_\_\_\_\_ Other: \_\_\_\_\_