

COLUMBIA COUNTY SHERIFF'S OFFICE RECORD REQUEST



Date of Request:	Case #:
Requestor's Name:	DOB:
Company Name:	
Address:	
Phone:	Fax:
Email:	
Prefer to receive report(s) by: Call for Pick	k-up Mail Fax Email
	est, name, DOB, date, time, and location – when possible.
Walk-in Phone Mail F	Faxed Emailed Teletype Verbal Written ease No Release—Denied No Record LY DA Authorization DPPA Exemption
Redaction Exemption No Report Juvenile Record Active Investigation Pending DA Action Sensitive Incident	Unable to Redact Medical Information Incarcerated Requestor Informant Information Chapter 51 Other Personal ID Information 27/28 Information
Documents @ \$.25 per page CD/DVDs each Digital Media A/V Redactions @ Actual Cost	\$ \$ \$ \$
TOTAL AMOUNT DUE:	\$
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Authorized Supervisor:	Release Date:

Forms: recordrequest/080824