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-up ☐ Mail ☐ Fax ☐ Email

Specific records requested, nature of the request, name, DOB, date, time, and location – when possible.

**********Records Office Use Only**********

☐ Walk-in ☐ Phone ☐ Mail ☐ Faxed ☐ Emailed ☐ Teletype ☐ Verbal ☐ Written

☐ Full Release ☐ Conditional Release ☐ No Release—Denied ☐ No Record

☐ Redacted ☐ ID'd person ONLY ☐ DA Authorization ☐ DPPA Exemption

☐ Redaction Exemption

___ No Report
___ Juvenile Record
___ Active Investigation
___ Pending DA Action
___ Sensitive Incident
___ Unable to Redact
___ Incarcerated Requestor
___ Chapter 51
___ Personal ID Information
___ 27/28 Information
___ Medical Information
___ Informant Information
___ Other

Documents	_____ @ $.25 per page	$_____
CD/DVDs	_____ @ _____each	$_____
Digital Media	_____	$_____
A/V Redactions	_____ @ Actual Cost	$_____

TOTAL AMOUNT DUE: $_____

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Employee filling request: _____ Date: _____

Authorized Supervisor: _____ Release Date: _____

Forms: recordrequest/080824