



Office of the Sheriff - Coroner

Public Administrator

Douglas A. Binnewies
Sheriff-Coroner- Public Administrator

Joel A. Bibby
Undersheriff

Application for Release of Information

A Processing Fee will be charged for each report: \$5.00 for a 1 to 10 page report. \$.15 for each additional page.

Date: _____ Report #: _____ Date Reported: _____

Name of Suspect/Offender: _____
Last Name First Name Middle Name

Name of Victim: _____
Last Name First Name Middle Name

Location of Occurrence: _____

Status of Requesting Party

- 1. Victim/Parent or Guardian of Victim
- 2. Authorized Representative of Victim
- 3. Insurance Carrier
- 4. Person Involved in Accident
- 5. Owner of Damaged Property
- 6. Press
- 7. Party Accused of Crime
- 8. Interested Party (Specify) _____

I declare, under penalty of perjury, that I am the party of interest as checked above,

Name (Please Print) _____
Last Name First Name Middle Name

Signature: _____ Phone: _____ - _____ - _____

Company/Business: _____

Address: _____
Number and Street City State Zip Code

For Department Use Only/Records Information

Report # _____ Copy Released: ____ Denied: ____

Undersheriff Approval (signature): _____

Reason For Denial: _____

Releasing Party (signature): _____ Date Released: _____