

Rutherford County Sheriff's Office

Public Information Release Request

Request will be replied to within 7 days.

Michael S. Fitzhugh Sheriff

Requester's Information (Please provide your Driver's License or <u>I.D.)THE HIGHLIGHTED SECTIONS MUST BE</u> <u>COMPLETED!</u>

Name (please print):		Date:	
Address:		City:	
State: Zip: Phone: _		2 nd Phone:	U R
Email:	Driver's License Number:	State	24
Do you want your report e-mailed to you?	Signature:	Date:	
Reason for request:			
BY AFFIXING MY SIGNATURE, I VERIFY THAT I THAT MY REQUEST TO INSPECT OR RECEIVE O WAS GRANTED. NOTE: NO INFORMATION W	COPIES OF PUBLIC RECORDS OF RI	JTHERFORD COUNTY SHERIFFS OFFI	
Report Information	Report numbe	er:	_
Type of Report: Accident Report or Incident R	Report or Don't Know (circle one,	please).	
Address of Report:		Children Britains	
Date and time of Report taken:	Reporting Officer:	Badge:	
Brief description of Report:			39/10
			3 5
Other Person Involved (provide as much info	rmation as possible)		
Name (please print):			
Address:		City:	
State:Zip: Phone: _			
Email:			
SS#:DC			
Deputy Receiving Form:	Badge:	Date:	
Deputy Completing Request:			

Other Persons Involved (provide as much information as possible) _____City: ____ Address: State: _____ Zip: _____ Phone: ______ 2nd Phone: _____ Email: ______ Driver's License Number: State_____ SS#:______ DOB:_____ Is this person related to you?_____ Other Persons Involved (provide as much information as possible) Name (please print): Address: _____ City: State: Zip: Phone: 2nd Phone: Email: ______ Driver's License Number: _____ State_____ SS#: ______ DOB: _____ Is this person related to you? ______ Other Persons Involved (provide as much information as possible) City: ______ Address: State: _____ Zip: _____ Phone: _____ 2nd Phone: _____ Email: ____ Driver's License Number: State SS#:______ DOB:______ Is this person related to you?______ Other Persons Involved (provide as much information as possible) Address: ______City: ______ State: _____ Zip: _____ Phone: _____ 2nd Phone: ______ Email: ______ Driver's License Number: _____ State_____ SS#:_______ DOB:______ Is this person related to you? ______ Other Persons Involved (provide as much information as possible) Address: ______City: __________ Email: ______ Driver's License Number: _____ State_____ SS#:____ DOB: Is this person related to you?