

VICTORIA COUNTY SHERIFF'S OFFICE
RECORDS REQUEST FORM

Date: _____ Current Time: _____

Requestor Information

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: () _____ Cell Phone #: () _____

Fax #: () _____ Email Address: _____

Record Information

Type of Record Requested:

Accident Report Involvement: Driver Passenger Property Owner Attorney Other

If "Other," please explain: _____

Arrest Report Date of Arrest: _____ Involvement: Self Attorney Other

If "Other," please explain: _____

Incident Report Involvement: Self Attorney Business/Property Owner Other

If "Other," please explain: _____

Other Report Type of Report: _____

Involvement: Self Attorney Other If "Other," please explain: _____

Record Specifics:

Report Date: _____ Name on Report: _____

Case Number: _____ Reporting Officer: _____

Address of Accident/Incident: _____

List any additional information that you may have that may help with locating the requested records. (If requesting an arrest report, DOB of arrested individual must be provided for proper identification):

Yes **No** Allow Redactions: Allowing redaction of information deemed confidential, privileged, or exempt by the Public Information Act, statutes, case law, or court rules, may result in expedited processing of your request. By checking "Yes" above, you are acknowledging that you agree to receive the "public" portion of the report, which may include redactions (including redaction of DOBs).

Note: Records Requests may take up to ten (10) business days to be completed and returned. If the records requested fall under one of the exceptions of the Public Information Act, and require a ruling from the Attorney General's Office, the request may take up to an additional forty-five (45) business days to be completed. Records Requests may be subject to charges assessed for reproducing records, labor, overhead (which is calculated as a percentage of the total labor), and materials.

Preferred Method of Delivery (Choose One): Pickup at VCSO Mail Fax Email

Signature of Requestor