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 ☐ 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

Last Updated 02/05/2020