





Mills County Sheriff's Office

Request for Public Information

Requestor Name:			
Street Address:			
City:	State:	Zip:	
Telephone Number:			

Please supply as much of the following information as possible:

Type of Information Requested:	
Please Choose One:	
<input type="checkbox"/> I would like copies of this information	
<input type="checkbox"/> I would like to inspect this information only	
Date(s) of Occurrence:	
Location(s) of Occurrence:	
Name of Individual(s) Involved	
Type of Incident(s)	
Date / Time Requested	
Requestor Signature:	

For Office Use Only:		
Date/Time Received:		
Department:	Mills County Sheriff's Office	
Employee Signature:		
Case Number(s):		
Deputy Assigned:	Was the information located?	Is the information releasable?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes:		