





Mills County Sheriff's Office

Request for Public Information

Requestor Name:			
Street Address:			
City:	State:	Zip:	
Telephone Number:	Fax:		
Email Address:			
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		I would Like Copies Via: <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Pick Up	
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:					
Employee Printed Name:					
Employee Signature:					
Case Number(s):					
Deputy Assigned:	<table border="1"> <tr> <td style="text-align: center;">Was the information located?</td> <td style="text-align: center;">Is the information releasable?</td> </tr> <tr> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table>	Was the information located?	Is the information releasable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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:	<input type="checkbox"/>				