

RECORDS REQUEST FORM



FRANKLIN COUNTY SHERIFF'S DEPARTMENT

STEVEN M. PELTON, SHERIFF TREVOR J. WILD SR, CHIEF DEPUTY
#1 BRUNS DRIVE UNION, MO 63084
BUSINESS PHONE (636) 583-2560 FAX (636) 584-6877

REQUESTOR INFORMATION

TODAY'S DATE: _____

NAME: _____
(If request is on behalf of a business, please include business name and a contact name)

MAILING ADDRESS: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

RECORD REQUEST INFORMATION

We will do our best to locate the record(s) you are requesting, however we can only search based upon the information you provide.

Record Type Requested	Processing Fee	Report Detail
INCIDENT REPORT (Summary of initial incident)	\$2.00	A record consisting of the date, time, specific location(s), name of victim(s), and immediate facts/circumstances surrounding the initial report of a crime or incident including a list of involved property and / or vehicles as applies.
INVESTIGATIVE REPORT (Full report, including any completed investigation.)	\$5.00 for 1 st 50 pages, add \$0.10 per black and white page thereafter	A record, other than an arrest or incident report, inquiring into a crime or suspected crime, either in response to an incident report or in response to evidence developed by our deputies. (photos not included)
BOOKING REPORT (Information from processing of a subject into the detention center.)	\$5.00	A record of an arrest and of any detention or confinement incident with the charge therefor.
OTHER: _____		* Other Records Requests - Fees will be assessed at the hourly rate of personnel required to complete the request, plus \$0.10 per black and white printed page, other supply fees may apply. Talk to the Records Clerk for further details.

REASON FOR REQUEST		VICTIM NAME	RECORD NUMBER (IF KNOWN)
<input type="checkbox"/>	INVOLVED PARTY LISTED IN REPORT		
<input type="checkbox"/>	ATTORNEY FOR INVOLVED PARTY		
<input type="checkbox"/>	INVOLVED INSURANCE COMPANY		
<input type="checkbox"/>	OTHER: _____	SUSPECT NAME	INCIDENT DATE / DATE RANGE

OTHER INFORMATION WHICH MAY ASSIST US IN PROCESSING YOUR REQUEST:

Records will not be released until the non-refundable processing fee has been paid. Large requests or those requiring extensive research may require a deposit prior to processing. If you have questions regarding which type of record / report to request in order to best meet your needs, please discuss with the Records Clerk.

SIGNATURE OF REQUESTOR: _____

OFFICE USE ONLY				
REQUEST STATUS			ITI UPDATED	
APPROVED			ID SCANNED	
DENIED REASON			AMOUNT DUE	
DATE REQUESTOR NOTIFIED			MONEY ORDER	CASH
CLERK SIGNATURE: _____		DSN: _____	CHECK # _____	