PUBLIC RECORDS REQUEST FORM

TODAY’S DATE________________         CASE NUMBER___________________
REQUESTOR’S NAME ________________________________________________
REQUESTOR’S ADDRESS_____________________________________________________________________
CONTACT PHONE # __________________________
WHAT ARE YOU REQUESTING:________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
REQUESTOR’S SIGNATURE _________________________________________________________

BELOW SECTION TO BE COMPLETED BY LAKE COUNTY SHERIFF PERSONNEL
Records Admin Signature _________________________________________________________
Request Approved Denied
If denied, reason for denial _________________________________________________________
FEE $ ________________________ RECEIPT # ____________________________
Documents Released: _____________________________________________________________

Requests will be reviewed and you will be contacted regarding release of any records by ten (10) days of the receipt of request, unless unusual circumstances exist as identified within California Government Code section 6250 et seq.