WASHOE COUNTY SHERIFF’S OFFICE
PUBLIC INFORMATION REQUEST
PLEASE FILL OUT COMPLETELY

All requests for public records will be responded to no later than the fifth business day after the request is received, in accordance with the provisions of Chapter 239 for the Nevada Revised Statutes and Washoe County Resolution Adopting Public Records Policies and Procedures. Please be advised a fee may be associated with your request and may delay the response.

Date of Request: ____________________________
Name of Requestor: _________________________
Address: __________________________________
Telephone: _________________________________
Email: _________________________________

Please provide the following information: (Be as specific as possible and include names and dates of the documents you seek. This will assist us in responding to you in a timely manner.)

Case number(s)/Date(s):
Booking number(s)/Date(s):

Person(s) involved:
1. __________________________ DOB: ___________ SSN: ___________
2. __________________________ DOB: ___________ SSN: ___________
3. __________________________ DOB: ___________ SSN: ___________

Document(s) Requested:
☐ Mugshot
☐ Book/Release
☐ Other Specify: ___________________________

Preferred Method of Delivery:
☐ Email
☐ Mail
☐ In Person Pick Up

Section to be Completed by WCSO Personnel

Employee Initials: __________________________ ID Checked ☐
Department: ___________________________ Fee Associated with Request: ___________________________
Date Request Completed: _______________ CD(s) @ $1.00/ea = __________________________
Request was: __________________________ Flash Drive(s) @ $10.00/ea = _______________________
☐ Emailed Total Fees to be Collected = _______________________
☐ Mailed Date Fees Collected: _______________________
☐ Picked Up