



**FORENSIC SCIENCE DIVISION**  
**Photo Work Request**  
Agencies with Forensic contract, Option "A" (Full Service)  
**911 PARR BLVD.**  
**RENO, NV 89512-1000**  
**PHONE (775) 328-2800**  
**FAX (775) 328-2831**  
E-MAIL FORM TO: [PHOTO@WashoeCounty.US](mailto:PHOTO@WashoeCounty.US)

**Case No.:**

**Date:**

**Requested by:**

**Phone No:**

**Dept. / Agency:**

**Reason for Prints:**

**Image Number(s):**

**Initial CD**  (No Charge)

**Date needed:**

**If for court, D.A.:**

**D.A. #:**

**Additional CD's**

**Number of copies**      X    \$25.00 ea. =    \$ \_\_\_\_\_

**Comments:**

For WCSO Photo Lab Use Only

Date Received: \_\_\_\_\_ Date Completed: \_\_\_\_\_

No. of negatives: \_\_\_\_\_ No. of prints: \_\_\_\_\_

PL#: \_\_\_\_\_

Printed by: \_\_\_\_\_