

110 S. Maple Street, Galena MO 65656  
PO Box 245, Galena MO 65656

(417) 357-6117 or Fax (417) 357-6079

Visit us at: <http://stonecountymosheriff.com/>

[records@StoneCountyMOSheriff.com](mailto:records@StoneCountyMOSheriff.com)



## Report Request Form

*Please print all information*

My name is: \_\_\_\_\_

My Address is: \_\_\_\_\_

My Date of Birth is: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

My SOC or DL# is: \_\_\_\_\_

My telephone number (s) is: \_\_\_\_\_

My Email Address is: \_\_\_\_\_

What is the case number of the report you are requesting? \_\_\_\_\_

How Many Copies? \_\_\_\_\_

How are you related to the case? Are you: (Please check box)

Victim

Suspect

Witness

Reporting Party

Insurance Rep

Other (Please explain) \_\_\_\_\_

What is the reason that you are needing this report? Please explain below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of person requesting report: \_\_\_\_\_

**\*\*\*FOR OFFICE USE ONLY\*\*\***

This report is an open record.

This report is still under investigation

This report needs to be subpoenaed

Was all OLN, DOB and SSN information removed?

Yes  No

If the requester is NOT the suspect, was the suspect information removed? Yes  No

Was the report released?

Yes  No

Released by: \_\_\_\_\_

Was there a fee collected?

Yes  No

Date released? \_\_\_\_\_

Amount of Fee? \_\_\_\_\_ Receipt# \_\_\_\_\_