



ONEIDA COUNTY SHERIFF'S OFFICE

Grady M. Hartman
Sheriff

Daniel L. Hess
Chief Deputy



RECORD REQUEST

REQUESTED INFORMATION (Be specific) The following information is required in order to process your request:

Incident/Case Number (if known): _____

Records Regarding: _____
Last Name First M.I. / Maiden/Prior Names

Date of Birth (of party you are requesting information on): _____

Date/Time of Incident: _____ Location of Incident: _____

Other Information that will help us fulfill your request: _____

Type of Requested Record (check all that apply):

- Incident Accident (please complete Accident Report Request) Photos Citation
- Background Check (Please complete Background Check Information Sheet)

Other Information: _____

****If the requested records contain juvenile information, a Juvenile Record Request must be completed**

REQUESTOR INFORMATION

Person/Business Making Request:

_____ Last Name First M.I. / Business/Organization

_____ Street Address City State/Zip

Phone: _____ (Day) _____ (Cell)

I am: Attorney Complainant Defendant Insurance Company Landlord Other

I would prefer to (Please be advised that we do not email records):

- Pick up the records in person. Please call me at the above number when records are ready.
- Have the records mailed to the above address.

Fees: Incident/Crash Reports \$0.25/printed side
 Photos/Booking Video/Squad Video: \$1.00/disc
 911/Radio Recording: A \$50 pre-payment is required in order to process requests for these items. Please contact our agency further information.
 Shipping/Handling: Actual postage costs