



BELMONT COUNTY SHERIFF'S OFFICE

68137 Hammond Road, St. Clairsville, OH 43950



PUBLIC RECORDS REQUEST FORM

PART A – TO BE COMPLETED BY REQUESTER

1) Today's Date: _____

Your Name (optional): _____

2) What type of information are you requesting?

- Incident Report Case #: _____ Date: _____ Type of Incident: _____
- Incident Report with photographs Case #: _____ Date: _____ Type of Incident: _____
- Crash Report Case #: _____ Date: _____ Crash Location: _____
- Crash Report with photographs Case #: _____ Date: _____ Crash Location: _____
- Other (Specify) _____

3) How would you like this information returned to you?

- E-mail (no charge) E-mail address: _____
- 8 ½ x 11 Black/white copies .10 cents per single-sided page
- 8 ½ x 11 Color copies .20 cents per single-sided page
- CD/DVD \$1.00 per disk
- USB Flash Drive Cost varies by capacity (charge must be approved before copy is made)
- Mailed (additional postage fee) Mailing Address: _____
- Postage paid envelope provided

Payment can be made in the form of cash, or check or money order made payable to the **Belmont County Sheriff** and sent to the address above. Someone will contact you within three (3) business days regarding this request. What is the best way to reach you? _____

PART B – FOR BCSO OFFICE USE

- E-mailed record(s) Date: _____
 - B/W Copies # _____ X .10 = \$ _____
 - Color Copies # _____ X .20 = \$ _____
 - CD/DVD # _____ X 1.00 = \$ _____
 - USB Flash Drive # _____ X _____ = \$ _____
 - Postage # _____ X _____ = \$ _____
- TOTAL DUE = \$ _____**

DATE PAID: _____

- Cash
- Check/MO # _____
- BCSO Receipt # _____

- Refused
- No Response

Staff Initials