



EUREKA COUNTY SHERIFF'S OFFICE

411 N Main Street
Eureka, Nevada 89316
WWW.CO.EUREKA.NV.US/ECSSO

RECORDS REQUEST

PERSON / AGENCY REQUESTING INFORMATION

Contact Person:	Mailing Address:
City, State, Zip Code:	Phone Number : <small>(Must accept blocked calls)</small>
E-Mail Address:	Alternate Phone Number : <small>(Must accept blocked calls)</small>

TYPE OF RECORD(S) REQUESTING

CASE NUMBER(S) _____

- MOTOR VEHICLE CRASH / TRAFFIC THEFT / BURGLARY / CRIMINAL MISCHIEF
 HARASSMENT / DISTURBANCE / DOMESTIC RECORDS CHECK ON PERSON / LOCATION
 OTHER _____

DATE – TIME – LOCATION OF INCIDENT

DATE(S) & TIME OF INCIDENT _____

LOCATION OF INCIDENT (BE SPECIFIC) _____

PERSON(S) INVOLVED: _____

PAYMENT INFORMATION

DATE OF REQUEST: _____ PAYMENT RECEIVED: _____

- Will pick up Please mail request Please email request Please fax request

FOR SHERIFF'S OFFICE USE ONLY

Request Returned / Unprocessed For The Following Reason(s):

- No record involving this person / incident. *Please make sure all information is correct.*
 Incident pending investigation, not available for release Incident involves an arrest, not available for release
 Not in our jurisdiction: _____
 In our jurisdiction, but handled by another agency:

Request processed by: _____ Date: _____

- Request sent via Postal Mail Request E-Mailed Request Faxed Request Picked Up