CARSON CITY SHERIFF'S OFFICE REPORT REQUEST

Type of Report:	Report number:
()Accident()Crime (<i>must be listed in report as victim</i>	Date requested:
() Other (Specify)	÷
If report number is not known, please co	omplete the following:
Date/Time of incident:	
Location of Incident (exact address or inte	ersection)
Officer's Name:	
Information requested by:	
Name:	
Mailing address:	
Home phone:	Work phone:
Cell #:	Fax #:
Would you prefer your report be:	 () Mailed PRE-PAID ONLY () Faxed PRE-PAID ONLY () Call for pick up (blocked #s cannot be called)
FOR DEPAR	RTMENTAL USE ONLY
Request taken by:	Paid:
Approved by:	Called by/Date/Time:
Denied by/Reason:	