

Request Received: Date: _____

By: _____ Fee Received: _____

REQUEST FOR INCIDENT REPORT OR RECORDS CHECK

PLEASE CIRCLE ONE: **INCIDENT REPORT** **RECORDS CHECK (Sheriff's Office Arrests Only)**

YOUR NAME: _____ **DOB:** _____
(For records checks only)

MAILING ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____ (if you want this report emailed)

IF YOU ARE REQUESTING AN INCIDENT REPORT, PLEASE COMPLETE:

TYPE OF INCIDENT(S): _____

REPORT NUMBER(S) IF KNOWN: _____

NAMES OF OTHERS INVOLVED: _____

ADDRESS WHERE INCIDENT OCCURRED: _____

DATE(S): _____

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1. **RECORDS CHECKS ARE \$5.00 EACH ** CASH ONLY ** EXACT AMOUNT PLEASE ** REQUIRED AT TIME OF REQUEST.**
 2. **INCIDENT REPORTS ARE \$5.00 EACH ** CASH ONLY ** EXACT AMOUNT PLEASE ** REQUIRED AT TIME OF REQUEST.**
 - No charge for reports for victims of **THEFT – BURGLARY – VANDALISM**.
 - No charge for a printout showing only the **DATE/TIME/TYPE OF INCIDENT** (up to 3 printouts).
 - You will receive a receipt for your cash payment.
 - Insurance companies are allowed to submit a company check for payment with a copy of report request to be mailed to PO Box 35017, Billings, MT 59107.
 3. **YOUR REPORT OR RECORDS CHECK WILL BE MAILED TO YOU WITHIN 3-5 BUSINESS DAYS.**