Office of the

YATES COUNTY SHERIFF

(Office Use Only) CR _____

To be completed by the person making the request:

Name: _____ DOB: _____

Maiden Name (if any): _____

Address: _____

_____

Home Phone: _____ Cell Phone: _____

I, _____ request under the Freedom of Information Law, the following
(Your Name)

records (please be specific on the records you are requesting, i.e. arrest records, incident records, domestic incident records, motor vehicle accident records, complaints, etc.):

_____

_____

_____

_____

_____

_____

_____

_____

Signature: _____ Date: _____