

**ST. CHARLES COUNTY SHERIFF'S DEPARTMENT
REQUEST FOR INFORMATION**

<http://sheriff.sccmo.org>

This request will be promptly researched; however, information which must be obtained from sources outside the Sheriff's Department will determine the date of reply to your request.

NAME _____
Last First Middle (full)

ADDRESS _____
Street City State Zip

PHONE # ____ - ____ - ____ **BUSINESS #** ____ - ____ - ____ **ALTERNATE #** ____ - ____ - ____

REQUEST TYPE

- Incident Report** Report Number ____ - _____
 Traffic Accident Report Number ____ - _____
 Gun Permit Copy **Sex Offender List** **Other (explain)** _____

SELECT ALL THAT APPLY

- Victim** **Parent** **Step-parent** **Legal Guardian**
 Child's name _____
 Property owner of **Dwelling** **Vehicle** **Other** _____
 Insurer Company Name & Claim Number _____
 Attorney Client Name _____
 Civil Claim Cause number & county claim filed: _____

DATE /TIME FRAME OF INCIDENT(S) _____

INDIVIDUAL INVOLVED _____
Last First Middle (full)

TYPE OF INCIDENT _____

LOCATION OF INCIDENT _____

OFFICE USE

Received by _____

Date ____ - ____ - ____

Driver License # _____

State _____

Issued by _____

Date ____ - ____ - ____

Remarks _____