

Rankin County Sheriff's Department

Public Information Request Form

This form, completed in full, must be received prior to the release of any information. Proper identification must be provided by requester upon submission of this form. Requests for records involving juveniles must be made through the Rankin County Youth Court. Public records requests submitted in the proper form shall be responded to in accordance with §25-61-5 Miss. Code Ann. (1972). Fees for information requested must be paid prior to release of any information. The fee is \$10.00 to process this request. This includes the first report, if there is anything found. There is a \$10.00 charge for each additional document found. Tapes, videos, etc. will vary. If requesting by mail, please enclose this form, completed in full, a check made payable to the Rankin County Sheriff's Department, a copy of your driver's license, and a self-addressed, stamped envelope.

Person requesting information: _____ Date: ____/____/____

Address: _____

City/State/Zip: _____ phone number: _____

Agency/business/organization (if applicable): _____

Address: _____

City/State/Zip: _____ Phone number: _____

INFORMATION REQUESTED

Date of incident/arrest: ____/____/____ Approximate time of incident: ____:____ () a.m. () p.m.

Type of incident/charge: _____

Person(s) involved: _____

Birth date (if known): _____ SS # (if known): _____

Location of incident/arrest: _____

Must specify type of information (such as: Incident Report, Accident Report, Booking Record, 911 Call, etc.)

FOR OFFICIAL USE:

Person taking request: _____ Money paid _____ Money due _____

Approved: ____/____/____ Contacted: ____/____/____ Picked up/mailed: ____/____/____

Information provided: _____

Denied: ____/____/____ By: _____

Reason: _____