

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 any information is found. There are additional charges for additional information and documents such as photos, videos, etc. 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 #:** _____

Agency/Business/Organization (if applicable): _____

Address: _____

City/State/Zip: _____ **Phone #:** _____

Email Address: _____

INFORMATION REQUESTED

Date of Incident/arrest: ___/___/___ **Approximate Time of Incident:** ___:___ a.m./p.m.

Type of incident/charge: _____

Person(s): _____

Date of Birth(if known): _____ **SS # (if known)** _____

Location of Incident/arrest: _____

*Must specify type of information requested (i.e. Incident report, booking report, background check, etc.)

FOR OFFICIAL USE

Person Taking Request: _____ **Money paid:** _____ **Money due:** _____

Approved: ___/___/___ **Contacted:** ___/___/___ **Picked up/mailed:** ___/___/___

Information Provided: _____

Denied: ___/___/___ **By:** _____

Reason: _____