

Camden County Sheriff's Office

1 Court Circle NW, Suite 13, Camdenton, Missouri 65020

Records Bureau: (573) 346-2243 / Fax: (573) 346-0176 / E-mail: c.kruse@camdenso-mo.us or t.bailey@camdenso-mo.us

Request for Copy of Records

(please print legibly)

Report Number (if known): _____

Reason for Request: _____

Date of Incident: _____

Address / Location of Incident: _____

Type of Incident:
(ex: Assault, Burglary ...) _____

Requestor's Information: Name: _____

Company: _____

Address: _____

Telephone Number:
(include area code) _____

If the report is available for release, there will be a \$5.00 charge for the report. If paying in cash, we require exact cash only; we do not have the ability to make change. If paying by check, make the check payable to the Camden County Sheriff's Office.

Information that is reasonably likely to pose a clear and present danger to the safety of any victim, witness, undercover officer, or other person, or jeopardize a criminal investigation, including records which would disclose the identity of a source wishing to remain confidential, a suspect not in custody, and information of persons under 17 years old will be blacked out (RSMo 610.100.3). A person's Social Security number will not be released (RSMo 610.03). The County carries the burden of proof required to initiate an action in circuit court justifying the non-disclosure of partial or complete records. Positive identification may be requested before releasing records.

Requestor's Signature: _____

Date: _____

Department Use Only

Received by: _____ Date: _____

Unable to complete request because:

Report not found with information provided Report not complete Location of occurrence not in CCSO jurisdiction Sheriff's Office jurisdiction

Request completed by: _____ Date: _____
(signature and DSN)