

CALHOUN COUNTY  
**SHERIFF'S OFFICE**



**Matthew Wade**  
*Sheriff*

**OPEN RECORDS REQUEST FORM**

Name of Person Requesting Records: \_\_\_\_\_

Title of Person Requesting Records: \_\_\_\_\_

Name of Business or Organization: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Purpose for Which Information is Requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Defendant's Name: \_\_\_\_\_

Defendant's Charge (s): \_\_\_\_\_

Case Number (s): \_\_\_\_\_

Specific Documents Requested: \_\_\_\_\_

\_\_\_\_\_

Are you a victim in the case: Yes [ ] No [ ]

Signature of Requester: \_\_\_\_\_ Date: \_\_\_\_\_