

**PUBLIC RECORDS REQUEST OF  
SENECA COUNTY SHERIFF'S OFFICE  
SEX OFFENDERS**

Date: \_\_\_\_\_

Contact information of person making records request, (this information is optional) It will be used only to serve your request in the most timely manner possible. The Seneca County Sheriff's office will use this information if there is a question concerning the records requested.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Case Number: \_\_\_\_\_

**RECORD(S) REQUESTED:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**FOR OFFICE USE ONLY:**

IF REQUEST DENIED, REASON: \_\_\_\_\_ REQUESTOR NOTIFIED: \_\_\_\_\_

DATE REQUEST FULFILLED: \_\_\_\_\_ BY: \_\_\_\_\_

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