PUBLIC RECORDS REQUEST OF
SENECA COUNTY SHERIFF'S OFFICE
JUVENILE 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: _____

_____ PAGES