

SOLANO COUNTY SHERIFF-CORONER'S OFFICE

Administration

PUBLIC RECORDS REQUEST FORM

Every effort will be made to process your request within 10 days of receipt. We will notify you promptly when we have determined whether or not the records you are requesting are in our possession and releasable under the law. Records will be made available upon payment of applicable fees.

NOTICE: You are not required to complete this form in order to submit a request for public records information; however, doing so will assist us in our efforts to respond to and track the progress of your request.

"Dedicated to Community Service"

Name of Requestor/Company/Agency:		Other names used:		Today's Date:	
Requestor's Address:			City:	State:	Zip code:
Phone #:			Alternate phone #:		
Fax #:			E-mail address:		
Case/Report#	CR	CAD	Other		
Requested information (list case/report #, date of incident, location, and any other pertinent information):					
Coroner Report <input type="checkbox"/> Autopsy Report <input type="checkbox"/> Toxicology Report <input type="checkbox"/>					
Please select department of your request: <input type="checkbox"/> ANIMAL CONTROL <input type="checkbox"/> CORONER <input type="checkbox"/> DISPATCH <input type="checkbox"/> RECORDS					
Please indicate how to respond to your request:					
<input type="checkbox"/> Personal pick-up <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-mail <input type="checkbox"/> Other _____					

******* FOR INTERNAL USE ONLY: *******

Receipt	Notification / Completion
Date request received: By:	Date requestor notified of record availability: By:
Assigned to:	Date Delayed Production Letter sent (if applicable): By:
How was request received? <input type="checkbox"/> Walk-in <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Other _____	Date Non-Production Letter Sent (if applicable): By:
Payment: <input type="checkbox"/> Check# _____ <input type="checkbox"/> Cash <input type="checkbox"/> Credit/Debit <input type="checkbox"/> Virtual Terminal Amount: \$ _____ Date Received: _____ Receipt #: _____	Date completed: By:
	Date(s) requestor notified of request completion: By:
	Date information provided to requestor (i.e. date sent or picked up):
	Sent / provided by
	How was information provided to requestor? <input type="checkbox"/> Picked up <input type="checkbox"/> Mailed <input type="checkbox"/> Faxed <input type="checkbox"/> E-mailed <input type="checkbox"/> Other _____
Notes / Comments (continue on back if necessary):	

530 Union Avenue Suite 100 Fairfield CA 94533

Phone: (707) 784-7000 / Fax: (707) 421-7027

Web: www.solanocounty.com/sheriff

Email: SHFPublicRecordRequests@SolanoCounty.com

Form PRA-1 (Rev 07/12/2017)