



BRADLEY D. BALK

OFFICE OF THE SHERIFF

ST. JOSEPH COUNTY

FREEDOM OF INFORMATION REQUEST

Date: _____

Requested by/Send to: (please print) _____

Address: _____ Phone _____

Driver's License # _____ Date of Birth _____

Pursuant to the Federal Freedom of Information Act, I request disclosure of information as described below, and to the extent said disclosure is required by law.

Please describe with specificity the document(s) you are requesting. If you are not sufficiently specific, we may not be able to identify the document(s) you request which may delay our response to your request

Signature of Requester: _____

You may pick up () or have it mailed () after review and approval is complete. This can take up to five (5) working days to complete, or such later date as may be extended by law.

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Office Use Only

No of Pages: _____ Cost: _____ Date Mailed _____

Deputy/Badge Number: _____

Rev(9/10)