

Greene County Sheriff's Office

5100 W Division
Springfield, MO 65802
Records Direct 417-868-4042
Email: Records@greenecountymo.gov



Request for Copy of Records

Missouri Sunshine Law Chapter 610 RSMo

Requestor Info:

Name:	DOB:	SSN:_	
Address:			
Street address, City, State, Zi Additional Info:			
	E-mail Address, "Reference to" Informatio	n	
Requestor's Signature:	ture: Date:		
I Am Requesting Copies of Records Re	garding:		
Case Number:	Person:	DOB:	SSN:
Report #:	Location of occurrence:		
Date of Occurrence:	Subject Matter:		
Notes that may assist us with request:			
Reason for Requesting:	Involvement:		
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Request Denied: \square Active Investigation \square	Report not Complete \Box Other:		