

MADISON COUNTY SHERIFF'S OFFICE
PO Box 276, Virginia City, MT 59755
(406) 843-5301

REPORT / STATEMENT RELEASE FORM

Report fee: **\$2.00** (Reports will be an initial report only and will not include investigative information)

Statement fee: **\$.25 per page** (Your statement only)

Fees must accompany this request

I request a copy of report number _____

AND/OR

I request a copy of my written statement for report number _____

OR

I request a copy of a report and/or my written statement and I do not know the report number. The following may help in identifying the information I am requesting: (please fill out any known information)

1. Incident occurred on _____

2. Location of incident _____

3. Names of the parties involved _____

4. The reporting deputy is _____

5. Other information _____

Signature/Date: _____

Mail the report to:

Name _____

Address _____

OR Fax the report to:

Name _____

Fax # _____

OR the following individual will pick up the report:

Name _____