OFFICE OF SHERIFF - COUNTY OF ONTARIO
RECORDS DIVISION

REQUEST FOR RELEASE OF INFORMATION

I hereby request that the Ontario County Sheriff's Office provide me with a copy of all records in its custody or control in which I am the subject of the record. I understand that I am being provided with such records in accordance with applicable provisions of the Freedom of Information Law. I hereby agree to indemnify and hold harmless the County of Ontario, the Ontario County Sheriff's Office, and their officers and employees, from and against any and all liability and/or items of damage which may be alleged as a result of my being provided access to such records.

Name: _____
(Last) (First) (M.I))

Date of Birth: _____ Social Security No. _____

Other name(s) used in past or present: _____

Present address: _____

From: ____/____ To: ____/____
Mo/Yr Mo/Yr

Any address you've lived in the last five years and length of time:

From: ____/____ To: ____/____ _____

From: ____/____ To: ____/____ _____

From: ____/____ To: ____/____ _____

From: ____/____ To: ____/____ _____

Date: _____ Signature: _____

BLOOD ALCOHOL CONTENT REQUEST

NAME: _____ DOB _____

ADDRESS ON DATE OF ARREST: _____

DATE OF ARREST: _____

Date: _____ Signature: _____

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