TOWN OF CENTRAL
CENTRAL MUNICIPAL COURT
CENTRAL POLICE DEPARTMENT
RECORDS REQUEST FORM

Requests are not accepted via telephone or facsimile transmissions. If received by mail, signature must be notarized and fee of $10.00 included. Make check/money order payable to Town of Central.

Requester Identification Data

_____
Full Legal Name

_____
Other names used

_____
Mailing Address

_____
City State Zip

_____ _____
Home Phone number Alternate Phone Number

Documents Requested:

- Please list clearly as possible, the name of the document(s), type of document(s), date of or date range of the document(s) and any other specifics you may have that will identify the records you seek.
- If you are making a request about another individual, you must provide either a written authorization signed (witnessed by a notary) by that individual permitting disclosure of those records to you or proof that the individual is deceased. (death certificate/obituary)
- If you request information about yourself and do not follow procedures, your request cannot be processed. This helps ensure that private information about you will not be disclosed to anyone else.

_____-_____-_____ _____/_____/_____ _____
SSN Date of Birth Driver's License/ Photo ID

List your requested items below:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

The Town of Central has 20 workings days in which to respond to your request. If you have an urgent matter involving your request, please provide details.

_____

_____

Required: Description of requestor (please check)

- o Individual seeking information for personal use and this request is not for commercial use.
- o Representative of the news media/press affiliated with _____, and this request is made as part of news gathering and not for commercial use.
- o Representative of the military affiliated with _____, and this request is made as part of recruitment.
- o Representative of Law Enforcement affiliated with _____, and this request is made as part of recruitment, hiring or other (specify) _____.

I declare under penalty of perjury that the foregoing is true and correct.

_____ _____
Signature of Requester Date

Notary required if mailing form

State of _____

County of _____

Sworn and subscribed before me this _____ day of _____, 2008.

_____
Notary Public's Signature NOTARY SEAL
My commission expires: _____

If submitting this request by mail, please send to

Town of Central
Court/Police Records Request
PO Box 549
Central, SC 29630
(864) 639-4020

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For Official Use Only

Date Filed: _____ Received by: _____

_____ No Record Found _____ Case Number _____ Ticket/Warrant

_____ Destroyed in Accordance with Retention Schedule

Notes: _____

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