



***PHOTO REQUEST FORM***  
***Non Law Enforcement***  
***( Instructions )***

The Washoe County Sheriff's Office will provide a CD containing the photographs to Non Law Enforcement parties under the following condition:

1. This applies to Reno Police Department cases and Washoe County Sheriff's Office cases. For all other cases, you must request a photo disc from the respective law enforcement agency.
2. All requests require authorization for release of records from one of the following:
  - a. The Investigating Agency,
  - b. The Prosecuting Attorney,
  - c. Court issued Subpoena or Court Order.

The Washoe County Sheriff's Office will attempt to get the required authorization for you within 10 days from receipt of this Form and payment. If we are unable to obtain authorization, we will call you with further instructions.

3. Prepayment is required prior to processing the photos. Please attach your payment to this request. You may call the photo lab for additional questions. (775) 328-2830
4. Make checks payable to: Washoe County Sheriff's Office. Put "Forensic Science Division" in the memo line.
5. You may mail the form along with the payment to:

Washoe County Sheriff's Office  
Attn: Forensic Science Division  
911 Parr Blvd  
Reno, NV 89512

Or, you may hand-deliver the form to the Sheriff's Office.

6. Fee Schedule:  
CD                      \$25.00 each
7. Please allow at least ten (10) working days for processing.
8. If you have questions, please call the Forensic Science Division at (775) 328-2830. The fax number is: (775) 328-2831.



Non Law Enforcement PHOTO REQUEST

DATE: \_\_\_\_\_

TO: Photo Lab

NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, ST: \_\_\_\_\_

ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_

DATE NEEDED BY: \_\_\_\_\_

AGENCY:  RENO POLICE DEPT.

WASHOE COUNTY SHERIFF'S OFFICE

CASE #: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_

PLEASE INDICATE NUMBER OF COPIES AND COST:

# COPIES: \_\_\_\_\_ RATE

CD \_\_\_\_\_ x \$25.00 ea.

Total Payment: \$ \_\_\_\_\_

(Due with request)

AUTHORIZATION FOR RELEASE OF RECORDS

(To be completed by Authorized Agency)

The above case requires release from the Prosecutor's Office, Subpoena or Court Order; due to:

Case pending criminal litigation  Nature of Case  Other \_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_ Title \_\_\_\_\_

I authorize the release of photograph prints in the above listed case to the above listed party.

Date \_\_\_\_\_ Signed \_\_\_\_\_ Title \_\_\_\_\_

FOR WCSO PHOTO LAB USE ONLY

DATE REC'D: \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_ INITIALS: \_\_\_\_\_

PL/DIMS #: \_\_\_\_\_