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 Washoe County Sheriff's Office cases only. 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.**

4. **Make checks payable to: Washoe County Sheriff's Office.**

5. **You may mail the form along with the payment to:**

   Washoe County Sheriff's Office
   Attn: Records Section
   911 Parr Blvd
   Reno, NV 89512

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

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 Records Section at (775) 328-3023.**

Non Law Enforcement
PHOTO REQUEST

DATE: _____

TO: Records Section

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY, ST: _____ **ZIP**: _____

PHONE #: _____ **DATE NEEDED BY:** _____

AGENCY*:* ☐ 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 RECORDS USE ONLY

DATE REC'D:_____   DATE COMPLETED:_____   INITIALS:_____

PL/DIMS #:_____

S-167 PE (1-19)