Greene County Sheriff's Office

5100 W Division
Springfield, MO 65802
Records Direct 417-868-4042
Email: Records@greenecountymo.gov

Request for Copy of Records: Law Enforcement Agency Only
Missouri Sunshine Law Chapter 610 RSMo

Requestor Info:

Name: _____ Agency: _____ ORI: _____

Address: _____
Street address, City, State, Zip Code

Additional Info: _____
Phone Number, E-mail Address, "Reference to" Information

Requestor's Signature: _____ Date: _____

I Am Requesting Copies of Records Regarding:

Case Number: _____ Person: _____ SSN: _____

Report #: _____ Location of occurrence: _____

Date of Occurrence: _____ Subject Matter: _____

Notes that may assist us with request: _____

Reason for Requesting: _____

Type of Records I Am Requesting:
☐ report(s) ☐ audio ☐ video ☐ photographic ☐ Other _____

NOTE: Pursuant to §610.100.3, RMSo., if your request includes records in an open/pending case, you may only receive the incident summary until the case is closed and/or another determination is made pursuant to Missouri State Statutes.

It will be the responsibility of the requestor to check case status at a later time.

Report Released By _____