

Date Received: \_\_\_\_\_



**Garry McFadden**  
Sheriff

## Request for Information from the Mecklenburg County Sheriff's Office

NAME:		TITLE:	
ORGANIZATION:		MAILING ADDRESS:	
TELEPHONE:	EMAIL:	FAX:	
REQUESTED INFORMATION (PLEASE BE AS SPECIFIC AS POSSIBLE AND INCLUDE ANY DATE RANGES NEEDED):			
HOW REQUESTED INFORMATION WILL BE USED (PLEASE BE DETAILED AND SPECIFIC IN YOUR RESPONSE):			
WILL THIS INFORMATION BE PROVIDED TO OTHERS: YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, WHO WILL RECEIVE THE INFORMATION:	
DATE INFORMATION IS NEEDED:		SIGNATURE:	
<b>NOTICE:</b> Please allow for 3-5 business days for approval process: MCSO reserves the right to decline or limit information requests in accordance with applicable laws.			

<b>FOR INTERNAL USE ONLY:</b>			
<input type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED WITH CONDITIONS <input type="checkbox"/> DENIED	CONDITIONS OF APPROVAL:		
	REASON FOR DENIAL:		
	SIGNATURE OF REVIEWING OFFICIAL:	DATE:	