

**LINCOLN COUNTY SHERIFF'S OFFICE
215 JUSTICE STREET
Brookhaven, MS 39601**

**Request for Public Information/Public Records
from the Sheriff of Lincoln County, Mississippi**

Date of request: _____

Name of person making request: _____

Address: _____

Telephone: _____

**I hereby request the following information maintained by the office of the Sheriff of
Lincoln County, Mississippi:**

**The above request shall be specific enough to allow the Sheriff's office to identify and
retrieve records requested.**

My request is to: **Check appropriate item(s)**

- _____ **Review the records listed above**
- _____ **Receive photocopies of records listed above**
- _____ **Have copies of the records mailed to the address listed above**

**I understand that appropriate charges for searching, copying and/or mailing shall be
paid in full prior to the granting of this request.**

Signature of person making request:
