Columbus County Sheriff's Office

817 Washington Street • Whiteville, NC 28472 • (910) 642-6551

RECORDS RELEASE REQUEST

Email completed form to: records_request@columbussheriff.com or Mail to address above

Date of Request: _____

Name: _____

Contact Information

Daytime Phone: _____

Cell Phone: _____

Email: _____

Incident / Arrest Number (if known): _____

If incident / arrest number is not known, please answer the following questions. The more details you provide the better we can assist you.

Date of Incident / Arrest: _____

Location of Incident / Arrest: _____

Type of Event: Incident ☐ Arrest ☐

Subject(s) Full Name: _____

Subject(s) Address: _____

City, State, Zip _____

Subject(s) DOB, Race, Sex _____

Other information.
Please be very specific about your request.

******DEPARTMENT USE ONLY******

Received By: _____ Date: _____ Method: _____

Released By: _____ Date: _____ Method: _____