



Henry County Sheriff's Office

FILL OUT FORM COMPLETELY

Request for reports

Records Division

311 W. Center St.

Today's Date : _____

Cambridge, IL61238

(309) 937-3616

Type of Report Requested:

Accident

Theft

Criminal Damage

Other Explain: _____

Date of Incident: _____

Address of Incident: _____

Names of Persons Involved: _____

Who is Requesting this Report:

Name: _____

Address: _____

Street

city

state

zip

Phone Number: _____

Relationship to Incident:

Was personally involved in above incident

Parent of minor person involved in above incident

Owner of property stolen or damaged in above incident

Insurance Company *(Please attach the appropriate fee for type of report requested)

Other: _____

All reports will be mailed out as soon as possible. If we have any questions about your request we will call you. Thank you for your cooperation.