



Polk County Sheriff's Office
455 North Broadway Avenue
Bartow, FL. 33830

Date: _____

Case #: _____

RC Name: _____

As per your request, the following information is being forwarded to you via:

Fax #: _____

Mail: _____

Phone #: _____

_____ x \$1.50 ea. Records Checks (form(s) attached)

_____ x \$.15 ea. Copies (Reports, Book-in Sheets, etc...)

_____ x \$1.00 ea. Black & Whites Book-in Photos

_____ x \$2.00 ea. Color Book-in Photos

_____ x \$1.20 ea. CD

_____ x \$2.00 ea. Crime Scene Photos

_____ x \$9.60 hr. Research (fee is prorated after 15 mins.)

_____ x \$.50 ea. Postage

Total Amount Due: \$ _____

TERMS: Please remit payment within 10 days of receipt to Polk County Sheriff's Office, 455 North Broadway Avenue, Bartow, FL. 33830 – Attention: Records Section. Payable by Cash, Check, or Money Order; Please make payable to the "Polk County Sheriff's Office."

X _____
 Signature of Requestor

 Name of Requestor

 Name of Company

Member Processing Request: _____

RETURN THIS INVOICE WITH PAYMENT