

SARATOGA COUNTY SHERIFF RECORDS OFFICE

REQUEST FOR CALL FOR SERVICE (CFS)

Submit to sheriffcfs@saratogacountyny.gov

REQUESTOR'S INFORMATION

Date of Request: _____ Email: _____

Name: _____ Agency: _____

- THIS REQUEST IS FOR A COPY OF THE CFS ONLY, any other requests must be submitted separately
- ALL REQUESTS REQUIRE A SARATOGA COUNTY Call for Service Number (CFS 2020-xxxxx)

REQUESTED CFS INFORMATION- all fields are mandatory

Defendants Name: _____

Purpose of Request: _____

Incident Date: _____ Responding Agency: _____

Call for Service (CFS) #: _____ Time of Incident: _____ am pm

Incident Address: _____