OFF-LINE SEARCH REQUEST FORM

Date of Request _____ ORI _____
Agency _____
Name of Requester _____
Alternate Contact _____
Telephone Number (____) _____ Other Contact Number (____) _____
Facsimile Number (____) _____
E-mail to send response _____
Type of Investigation _____ Case Number _____
Type of Search Requested /Circumstances _____
_____
_____
_____
Date/Time Frame for Search _____

PERSON: Name(s), Date(s) of Birth, Race and Sex _____
_____
_____
Social Security Number(s) _____
Driver' License/ID Card Number/State _____
Other Identification Number(s)_____

VEHICLE: License Plate(s) and State _____
Vehicle Identification Number(s) _____
Make Model _____Year(s)_____
Vehicle Color(s) _____

ARTICLE/GUN: Serial Number(s) _____
Description _____

BOAT: Boat Hull Number(s) _____
Description/Manufacturer(s) _____

☐ **Life Threatening**
☐ Urgent
☐ Routine

☐ **Sensitive/Confidential – Contact Requestor Only**
☐ Routine – Contact/Send Response to Agency Personnel