



**74 Ontario Street  
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**Records Department  
Fax: 585.393.2933  
Email: [records@ontariocountyny.gov](mailto:records@ontariocountyny.gov)**

**REQUEST FOR RELEASE OF INFORMATION**

I hereby request that the Ontario County Sheriff's Office provide me, or the designated entity below, with a copy of all records in its custody or control in which I am the subject of the record. I understand that I, or the designated entity below, will be provided with such records in accordance with applicable provisions of the Freedom of Information Law. I hereby agree to indemnify and hold harmless the County of Ontario, the Ontario County Sheriff's Office, and their officers and employees, from and against any and all liability and/or items of damage which may be alleged as a result of the designated entity or myself being provided access to such records.

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Other Names Used (past or present):** \_\_\_\_\_

**Present Address:** \_\_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Former Addresses and Estimated Dates Where You Have Resided in Ontario County, NY:**

**Address/Dates:** \_\_\_\_\_

**Address/Dates:** \_\_\_\_\_

**Address/Dates:** \_\_\_\_\_

(Use Reverse Side If More Space Is Needed)

**BLOOD ALCOHOL CONTENT REQUEST (Circle One): YES / NO / NA**

**THIS FORM IS NOT TO BE USED TO REQUEST SEALED FILES OF ANY KIND; NO INDICATION OF A SEALED FILE WILL BE GIVEN**

**Designated Entity/Person Submitting Request/Receiving Results (if none, write none):** \_\_\_\_\_

**Date (This Request is Valid for Six Months from Date of Signature):** \_\_\_\_\_

**Subject's Signature (Must Be Signed in the Presence of a Notary):** \_\_\_\_\_

**Sworn to before me this**

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_

**Notary Public**

**OCSO-144  
(revised October 2022)**