



SARATOGA COUNTY SHERIFF'S OFFICE

Sheriff@SaratogaCountyNY.gov

MICHAEL H. ZURLO
SHERIFF

Richard L. Castle
Undersheriff

Request for Case/Incident Report

1. Your Name: _____

2. Your Mailing Address : _____

3. Your Phone Number: _____

4. Case/Incident Number (If Known): _____

5. Date When Case/Incident Occurred: _____

(If you don't know the exact date, please provide as specific a date range as you can.)

6. Location Where Case/Incident Occurred: _____

7. Brief Description of Case/Incident: _____

Your Signature: _____

Date Signed: _____

Note: Incident/Case reports may not be available for release due to privacy concerns, pending investigations or other legal restrictions. Releasable reports will be mailed to you at the address you provided above. If you have any additional concerns, please state them below:

6010 County Farm Rd.
Ballston Spa, NY 12020

Main (518) 885-6761

Administration (518) 885-2450
Records/Pistol Permits (518) 885-2465
Civil (518) 885-2469
Corrections (518) 885-2480