LANE COUNTY SHERIFF'S OFFICE MAIL-IN TIP FORM TIPSHEET

Type Incident: Occurred Date and Time: Received From:			Location:				
			·				
							Address:
Victim:							
Mentioned 3	Subject: (use an	additional page, filling	g out this bloc	k for eacl	n involved person)		
Name:							
Alias:							
Sex:	Race:	Nationality:		Age:	DOB:		
Height:	Weight:	_ Hair Color:	_ Hair Style:_		Eye Color:		
Scars / Mar	ks / Oddities:						
Address:							
Remarks:							

Vehicle Information:								
Year:	Make:	Model:		Style:_				
License Num	ber:	State:	Color:		Interior Color:			
Oddities / Special Equipment:								

Mail this TIPSHEET to:

Lane County Sheriff's Office
Attention: CIS
125 E. 8th Avenue
Eugene OR 97401

OR email information to socofidential@co.lane.or.us