



**CONNIE JACOBSON, MHA, BSN, RN  
NATRONA COUNTY CORONER**

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[www.natrona.net](http://www.natrona.net)

**Request For General Data, Reports, Summary Information**

(Specific *case* information requires a Request for Public Records Docket form.)

I, the undersigned, request the Natrona County Coroner's Office provide the following data, statistics, information, or summary reports:

Specific Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requesting Party: Name: \_\_\_\_\_

Address: Street: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

(Records will not be faxed or emailed)

Contact Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency or business, if applicable: \_\_\_\_\_

Purpose for Requesting Records: \_\_\_\_\_

*Note: Public Information Dockets, data, or summary case file information and reports are prepared with the information as specified in W.S. 7-4-105, or with specific identifiers of individuals redacted. Information released is subject to the policies, procedures, rules, and regulations as established by the Natrona County Coroner's Office, Wyoming Board of Coroner Standards, and additional applicable Wyoming State Statutes.*

*Per W.S. 7-4-105 (m), "A person who knowingly or purposely uses the information in a manner other than the specified purpose for which it was released or violates a court order issued under subsection (g) of this section is guilty of a misdemeanor punishable by imprisonment for not more than six (6) months, a fine of not more than one thousand dollars (\$1,000.00), or both."*

Coroner/Deputy witnessing request: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Date Records Sent:** \_\_\_\_\_