MASON COUNTY SHERIFF'S OFFICE

Phone Tip Sheet

DATE _____ TIME _____

PERSON REPORTING _____ DOB _____

ADDRESS OF REPORTING PARTY _____ PH# _____

_____ WORK PH# _____

- ☐ NO INFORMATION OBTAINED
- ☐ ANONYMOUS
- ☐ ADDITIONAL CONTACT NECESSARY
- ☐ FRIEND OR RELATIVE OF FAMILY
- ☐ HAS SEEN FLYER OR PHOTO

SYNOPSIS OF INFORMATION OBTAINED:

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PERSON RECEIVING PHONE CALL _____