

OPEN RECORD REQUEST FORM

DATE: _____

FROM (FULL NAME, **print**): _____

Address: _____

City, State Zip: _____

Telephone No. () - (Home) () -

(Work) () - (FAX) () -

TO: CUSTODIAN OF RECORDS FOR THE EASTLAND COUNTY SHERIFF OFFICE

Pursuant to V.T.C.A., Government Code, Section 552.001 et seq., I am requesting certain public records, specifically:

Incident/Call # _____ Date of Incident: ____/____/____

Time of Incident: _____ Location of Incident: _____

Person(s) Involved Name(s): _____

Nature of Call: _____

Other Information Available: _____

WHAT INFORMATION ARE YOU REQUESTING: _____

How would you like your information provided:

 MADE AVAILABLE TO ME FOR EXAMINATION ONLY. I understand that if the documents are not readily available, the custodian may schedule a date and hour within a reasonable time for my examination of the documents. I understand that I must complete my examination within ten days of the date of records are made available to me.

 FAXED, **EMAILED (PREFERRED) to:** _____

 PICKED UP, **MAILED to me at the address indicated:** _____

I understand that the Eastland County Sheriff Office may withhold information which is not considered public information under the Texas Open Record Act, accompanying Attorney General Opinions, and case law. I also understand that Eastland County Sheriff Office is required to release only those documents that exist, in their current state, and that Eastland County is not required to compile or create specific information or formats for my use. I understand that depending on the amount of information, time involved to collect the information, and other factors allowed by law, there may be a cost associated for the information requested.

Signature **Required**

Revised Date: 03/10/2023