

Open Records Request (PLEASE PRINT ALL INFORMATION)

Today's Date: _____

Requester's Name: _____

Contact Address: _____

Contact Phone #: _____

Other Ph# _____

Email: _____

I am requesting information pursuant to the Open Government statutes in Texas. I understand if the incident about which I have requested information is pending litigation, I will receive only the portion that is required to be released. I understand the GARZA COUNTY SHERIFF'S OFFICE has ten (10) business days to process my request and, in lieu of releasing the information, may request an opinion from the Office of the Attorney General. I further understand:

- Copies are one dollar (\$1.00) per page.
- More than 50 pages will incur additional cost.
- An estimate will be sent for charges exceeding \$40
- I will be contacted when request is completed.
- I must pick up request within fifteen (15) calendar days after notification.
- If I fail to pick up request and re-request the information, fees for both request must be paid.

I am requesting information concerning the following: (To prevent delays in processing your request, please provide as much information as possible).

Type of Incident: _____ Date(s) of Incident(s): _____

File Number: _____ Address of Incident: _____

Name of Person(s) Involved: _____

(Incl. Date of Birth, Age, Race, Sex)

Use Only File #(s): _____

Signature of requested: _____

Date Notified: _____ Mail: ___ Phone: ___ Fax: ___ Email: ___

of Pages: _____ Other: _____ Amount Due: \$ _____

By Date: _____