



MADISON COUNTY SHERIFF'S OFFICE



Sheriff Bobby Adams

2005 E. MAIN ST. - MADISONVILLE, TEXAS 77864

PHONE # (936) 348-2755 / FAX # (936) 348-3763

records@madisoncountytexas.org

OPEN RECORDS REQUEST

Requestor Contact Information:	Date: ____/____/____
First Name: _____ Last Name: _____	
Company/Organization: _____	
Mailing Address: _____	
City: _____ State: _____ Zip Code: _____	
Email: _____ Contact: _____	

Pursuant to the Public Information Act, Texas government Code, Section 552, I hereby request the following:

Agency Case Number: _____ Date of Incident: _____ Time: _____

Type (accident or theft): _____ Deputy: _____

Location: _____

Additional information: _____

- Under the Public Information Act, some categories of information do not have to be released. Exceptions to disclosure fall into two general categories: 1) mandatory exceptions that make information confidential and require a governmental body to withhold information, and 2) discretionary exceptions that allow but do not require a governmental body to withhold information.
- In most instances, a governmental body is required to request a decision from the Attorney General in order to withhold information from a requestor. However, a requestor may permit a governmental body to redact information without requesting an Attorney General decision. You are not required to agree to the redaction of any information responsive to your request, but doing so may streamline the handling of your request. If you agree to redactions in this request, then you may request the redacted information in a future information request.
- I understand that 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 Madison County Sheriff's Office has ten (10) business days to process my request. I understand that in lieu of releasing the information, the Madison County Sheriff's Office may request an opinion from the Office of the Attorney General.
- I understand that the information will not be given out over the phone. I understand that I will be notified by phone, mail and/or email when my request is completed, along with the cost for information. I understand that the results will only be held for ten (10) business days after notification. I understand that if I fail to claim the completed request prior to the expiration of the ten (10) business days, I must subsequently request the information.

Signature of Requestor _____

Date _____

cris.dot.state.tx.us/public/purchase

FOR OFFICE USE ONLY	
RECEIVED DATE: _____	RECEIVED BY: _____
RELEASED DATE: _____	RELEASED BY: _____
RELEASE BY: MAIL () EMAIL () FAX () PHONE () IN PERSON ()	