Open Records Request Form

Date:					
From (Full Name) Print:					
Address:					
City, State, Zip:					
Telephone # () -	Home ()	-		
Work () -					
TO CUSTODIAN OF RECORDS FOR THE EASTLAND COUNTY SHERIFF'S OFFICE					
Pursuant to V.T.C.A., Government Code, Se records, specifically:	ection 552.001	L et seq.	, I am ree	questir	ng certain public
Incident/Call #	_Date of Incid	lent:		/	/
Time of Incident:Location of Incident:					
Person(s) Involved Name(s):					
Nature of Call:					
Other Information Available:					
WHAT INFORMATION ARE YOU REQUESTIN	NG:				

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.

Emailed to:

_____Picked up

I understand that the Eastland County Sheriff's 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's 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.

In Most Instances, a governmental body is required to request a decision from the Attorney General 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.

Do you agree to the redaction of information that is subject to mandatory exceptions, provided such redactions are clearly labeled on the information you received? YES

Do you agree to the redaction on information that is subject to discretionary exceptions, provided such redactions are clearly labeled on the information you receive? YES

Please Note: If the information requested is unclear or if a large amount of information is requested you may be contacted to discuss clarifying or narrowing your request. There may be charges associated with production of the requested information. You may find more information regarding the charges under the Public Information Act on AG Website.

PHOTO ID REQUIRED

Signature Required: