Jefferson County Sheriff’s Office
Records Request Form

Requester Information

Name/Organization: ____________________________________________ Date: ___________________

Mailing Address: _________________________________________________________________________

City: _____________________________ State: ________________ Zip Code: ___________________________

Email Address: ____________________________________________________________

Phone Number: ____________________________ Fax Number: ________________________________

Custodian of Record,

Under the Texas Public Information Act, Section 552.001 et seq., I am requesting an opportunity to inspect or obtain copies of public records maintained by the Jefferson County Sheriff’s Office: (Provide detailed information about what type(s) of information and/or documents you want to receive).

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*I hereby agree to pay the costs, as established by law, related to produce these records.

Requester Signature: ________________________________________________________________

Requests must be made in detail and specific enough to allow us to identify the requested documents. If we are unable to specifically identify the requested documents/records, it may not be possible to comply with your request.

Phone: 409-835-8419    Fax: 409-839-2343    Email: sheriffs@co.jefferson.tx.us