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