

OPEN RECORDS REQUEST FORM

DATE: _____

FROM (Full Name, *print*): _____

Address: _____

City, State Zip: _____

Telephone No. () - (Home) () - (Work)

() - (FAX)

TO: CUSTODIAN OF RECORDS FOR THE BURNET COUNTY SHERIFF OFFICE

Pursuant to V.T.C.A., Government Code, Section 552.001 et seq., I am requesting certain public records, specifically:

Incident / Call #: _____ Date of Incident: ____ / ____ / ____ Time of Incident: _____

Location of Incident: _____

Person(s) Involved Name(s): _____

Nature of Call: _____

Other Information Available: _____

WHAT INFORMATION ARE YOU REQUESTING: _____

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 the records are made available to me.

_____ **FAXED,** _____ **EMAILED (in PDF FORM) to :** _____,

_____ **PICKED UP,** _____ **MAILED to me at the address indicated:** _____

I understand that the Burnet County Sheriff Office may withhold information which is not considered public information under the Texas Open Records Act, accompanying Attorney General Opinions, and case law. I also understand that Burnet County Sheriff Office is required to release only those documents that exist, in their current state, and that Burnet County is not required to compile or create specific information or formats for my use.

_____ Signature *Required*

RECVD: _____ Picked up by