

**LEE COUNTY SHERIFF’S OFFICE**

Phone: 979-542-2800 Fax: 979-542-1446

Giddings, Texas

**OPEN RECORDS REQUEST**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Pursuant to the Public Information Act, Texas Government Code Section 552, I hereby request the following information currently existing in the records of Lee County Sheriff’s Office, Texas:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Please provide detailed information about what type(s) of information and/or documents you want to receive. Feel free to use the back. NOTE: The more information you give us about what information you want, the easier it will be for us to comply with your request.*

□ I wish to receive copies of the requested information. I understand that I may pay a minimum of $2.00 for

 standard size copies and that a charge for labor may be included for larger requests. Information copied into

 nonstandard size paper, computer discs, photographs and other medium will require additional charges. All

 charges must be paid at the time of deliver. An ***estimate*** of what will be charged will be provided to you in

 advance.

□ Pick up copies. Who will pick up copies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ E-mail copies. □ Send a letter when they are ready.

In making this request, I understand that Lee County Sheriff’s Office is under no obligation to create a document to satisfy my request or to comply with a standing request for information. I further understand that the information will be released in accordance with the Public Information Act, which may require a determination as to confidentiality by the Texas Attorney General prior to release. I further understand that Lee County Sheriff’s Office has ten business days in which to request such a determination.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature

\* Information regarding you request will not be conveyed by phone.

† Please include your e-mail address only if you check your e-mail at least once daily.