

## LEE COUNTY SHERIFF'S OFFICE

P. O. Box 98, Giddings, TX 78942 Fax: 979-542-1446 Phone: 979-542-2800 Email: info@leecountysherifftx.org



## OPEN RECORDS REQUEST FORM

Requestor:			Date:	
Address:		Phone:		
			E-mail:	
Pursuant to the Pub following information	,	as Governmen	t Code Section 552, I hereb	y request the
☐ Offense Report	☐ Accident Report	☐ Photos	□ 911 Audio □ B	ody/Dash Cam
☐ Call for Service	☐ Booking Info	☐ Other:		
Please provide detailed in	nformation about what other type	(s) of information a	nd/or documents you want to receiv	e. Feel free to use the back.
Date of Incident: _				
Involved Party/Par	ties:			
Address or Locatio	n of Call:			
Offense Report or 1	Event ID if known:			
My relationship to	the person listed above is	s: (Select all that	apply)	
	use	Guardian [	☐ Legal Counsel/Attorney	☐ Employer
☐ Other(explain):				
my request or to comp in accordance with the	oly with a standing request for Public Information Act, when to release. I further underst	or information. It	the is under no obligation to creat further understand that the informal determination as to confidention anty Sheriff's Office has ten but	rmation will be released tality by the Texas
		Signature		
		For Office Use (	<u>Only</u>	
Received by LCSO Pers	onnel:		Date:	