

**JEFFERSON COUNTY SHERIFF'S OFFICE
RECORDS REQUEST FORM**

Date of Request: _____ Time of Request: _____

Case #: _____ Date of Offense: _____

Location of Offense: _____

Name of Victim: _____

Specific type of information requested: _____

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

Name of Person Requesting: (Print) _____

Signature _____

Address: _____

Phone number: _____ Fax number _____

Name of Business: _____

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. The requested information may not be available at the time of the request. We will attempt to make the documents available to you as soon as possible but no later than ten (10) working days from today's date.

Phone: 409-835-8719 Fax: 409-835-8784 Email: sheriffs@co.jefferson.tx.us