



**LEE COUNTY SHERIFF'S OFFICE**

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



***OPEN RECORDS REQUEST FORM***

**Requestor:** \_\_\_\_\_

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

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

\_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Pursuant to the Public Information Act, Texas Government Code Section 552, I hereby request the following information:**

- Offense Report       Accident Report       Photos       911 Audio       Body/Dash Cam
- Call for Service       Booking Info       Other: \_\_\_\_\_

*Please provide detailed information about what other type(s) of information and/or documents you want to receive. Feel free to use the back.*

**Date of Incident:** \_\_\_\_\_

**Involved Party/Parties:** \_\_\_\_\_

**Date of Birth(s):** \_\_\_\_\_

**Address or Location of Call:** \_\_\_\_\_

**Offense Report or Event ID if known:** \_\_\_\_\_

**My relationship to the person listed above is:** (Select all that apply)

- Self       Spouse       Parent/Legal Guardian       Legal Counsel/Attorney       Employer

Other(explain): \_\_\_\_\_

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

**For Office Use Only**

Received by LCSO Personnel: \_\_\_\_\_ Date: \_\_\_\_\_