

**ROBERTSON COUNTY SHERIFF'S OFFICE
OPEN RECORDS REQUEST**

Mail request to: Robertson County Sheriff's Office Attn: RECORDS DIVISION, PO Box 1109, Franklin TX 77856

Make check or M.O. payable to: Robertson County Sheriff's Office. For Questions: 979-828-3299

***NOTICE:** The Robertson County Sheriff's Office does not accept blanket or open-ended requests. The Robertson County Sheriff's Office can only provide records generated by this office. Requests for records such as, an autopsy, criminal history or lab results, must be directed to the custodian of records for the entity responsible for the creation of the record.*

*****PLEASE PRINT OR TYPE (ILLEGIBLE REQUESTS WILL BE RETURNED)**

Date Request Submitted: _____

Requestor Name: _____

Requestor Address: _____

Requestor Phone Numbers, Home: _____ Cell: _____

Requestor E-mail: _____

INCIDENT OR OFFENSE REPORT

Case # _____ Date of Incident: _____

Type of Incident or Offense: _____

Address of Incident: _____

Name(s) of those involved: _____

NOTICE: All Social Security Numbers and Driver's License/ID Numbers will remain confidential. If this information is needed please specify below and your request will be forwarded to the Attorney General who has 45 days to respond.

Provide a **detailed description** of record(s) requested:

Requesting Party Signature

Date

All Open Records Requests, once received, may reviewed by the Robertson County Attorney for approval. Once your request has been approved, the fee for reproducing the record requested will be determined and you will be notified so that payment can be made. Upon receipt of payment, the report will be mailed to the address provided.

The information will be released within ten (10) business days unless there is an exception. When the information cannot be released due to an exception you will be informed that this office:

- 1.) has requested an Attorney General opinion and state which exceptions apply;
- 2.) has notified the requestor of the referral to the Attorney General; and
- 3.) has notified third parties if the request involved their proprietary information.

FOR OFFICE USE ONLY:

Date received: ___/___/___ Employee: _____

Date provided to County Attorney: ___/___/___ [] Approved or [] Denied Date: ___/___/___

RESPONSE:

[] Report not on file, Date of Search: ___/___/___

[] Report Provided, Cost: \$_____ Date of Fee Notification: ___/___/___ Date Fee Rcvd ___/___/___

[] Requested an AG opinion citing exception/Notified requestor of opinion request/Notified 3rd party(s)

Exception Cited: _____ Date action initiated: ___/___/___

CONCLUSION

[] Record protected per AG

[] Record must be released per AG,

Report provided, Cost: \$_____ Date of Fee Notification: ___/___/___ Date Fee Rcvd ___/___/___

Date this request was closed out: ___/___/___ Signature: _____