Jefferson County Sheriff's Office

Records Request Form

Requester Information			
Name/Organization:			Date:
Mailing Address:			
City:	State:	Zip Code:	
Email Address:			
Phone Number:		Fax Number:	
Custodian of Record,			
	nined by the Jefferson Co	unty Sheriff's Office: (Prov	an opportunity to inspect or obtain ide detailed information about what
*I hereby agree to pay t	he costs, as establis	shed by law, related	to produce these records.
Requester Signature:			

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.

Phone: 409-835-8696 or 409-835-8419 Fax: 409-839-2343 Email: records@jeffersoncountytx.gov