Montague County Sheriff's Office Open Records Request Form

111 S. Grand St. Montague, TX 76251 (940) 894-2491 FAX (940) 894-2114

You may submit your request by any of the following:

Email this form to			Fax this form to		
aanderson@montaguesheriff.com				940-894-2114	
Deliver this form in person to the Sheriff's Office				U.S. mail to	
Front Desk / Records Clerk			P.O. Box 127, Montague, TX 76251		
Date of Request:			Case #:		
Date of Occurrence:		Type of Incident:			
Location / Address: _					
To help identify information requested, please provide as many identifiers as possible in order to accurately identify the record					
Last	as possible in	Middle	Date of	ny the record	
Name	Name	Initial	Birth	Address	
DROVIDE A BRIEF DECORIDATION OF CRECIFIC INFORMATION REQUIECTED					
PROVIDE A BRIEF DESCRIPTION OF SPECIFIC INFORMATION REQUESTED *The type of information needed – Not the reason it is needed*					
I understand that unless otherwise stated, confidential information will be withheld					
(ex: Driver's License #, Soc. Sec. #, Address, Telephone #, ect.)					
REQUIRED					
You must provide in order for your request to be processed.					
*Name: * *Telephone #: *					
*Email:			rdx		
*U.S. Mailing Addres	s:				

Section 552.001 of the Texas Government Code provides that public information is available to the public during the normal business hours of the government body. The officer for public information will respond to your request within **10 BUSINESS DAYS AFTER** the date the information was requested.