Open Records #: _____

MONTAGUE COUNTY SHERIFF'S OFFICE
Request for Public Information Records

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 Name	First Name	Middle Initial	Date of Birth	Address

PROVIDE A BRIEF DESCRIPTION OF SPECIFIC INFORMAITON REQUESTED
--THE TYPE OF INFORMATION NEEDED--NOT THE REASON IT IS NEEDED--

_____
_____
_____
_____

I understand that unless otherwise stated, confidential information with be withheld (ex: Driver's License #, Soc. Sec. #, Address, Telephone #, ect...)

_____ _____ _____
Signature of Requestor Cell Phone # Home Phone #

____ Mail to: Agency: **Montague County Sheriff's Office**

Or Person/Requestor _____
PRINT PLEASE

____ Will Pick Up Address _____

City, State, Zip _____

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.