

KIRBY BRUMBY
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LOCAL OPEN RECORD REQUEST

Please Complete the portions of this form applicable to your request and mail, fax or deliver the completed form to the Goliad County Sheriff's Office

All public information requests will be handled pursuant to the provision of the Texas Public Information Act.

Person Requesting Local Record: _____

Mailing Address: _____

Phone number(s) where Requesting Party can be reached: _____

Type of record requested (please be as specific as possible and include case number(s), if known: _____

Signature of Requesting Party: _____

Printed Name of Requesting Party: _____

Office Use Only:

Description of Record Provided: _____

Date Provided: _____ Provided By: _____

Fee Charged: _____ Amount Received: _____ Receipt No. _____

Method Provided (fax, mail, in person, etc.) _____