

# GRIMES COUNTY SHERIFF'S OFFICE

## OPEN RECORDS REQUEST

Mail request to: Grimes County Sheriff's Office Attn: **RECORDS**, 382 FM 149 West, Anderson Tx 77830  
Make check or M.O. payable to: Grimes County Sheriff's Office. For Questions: 936-873-6442

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*Note-The Grimes County Sheriff's Office **does not** accept blanket or open-ended requests. The Grimes 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.*

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Date Request Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_

Requestor Name: \_\_\_\_\_

Requestor Address: \_\_\_\_\_

Requestor Phone Numbers, Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Requestor E-mail: \_\_\_\_\_

### JAIL BOOKING SHEET

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date(s) in custody: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Charge: \_\_\_\_\_

### INCIDENT OR OFFENSE REPORT

Case # \_\_\_\_\_ Date of Incident: \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of Incident or Offense: \_\_\_\_\_

Address of Incident: \_\_\_\_\_

Name(s) of those involved: \_\_\_\_\_

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**OTHER RECORD**

Provide a detailed description of record(s) requested:

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*Please make a selection and check the appropriate boxes below.*

YES  NO  I agree that all **Social Security Numbers remain confidential**. If no, then this request will be forwarded to the Attorney General who has 45 days to respond.

YES  NO  I agree that all **Texas Driver's License Numbers, Texas License Plates**, and any **Vehicle Identification Numbers remain confidential**. If no, then this request will be forwarded to the Attorney General who has 45 days to respond.

All Open Records Requests, once received, are reviewed by the Grimes 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 can not 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 3<sup>rd</sup> 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: \_\_\_\_\_