



Bexar County Sheriff's Office

★★★★ Sheriff Javier Salazar ★★★★★

BEXAR COUNTY SHERIFF'S OFFICE

CENTRAL RECORD SECTION

Date and Time of this request: _____

Request submitted in person _____ or By phone _____

Request taken by: _____

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.....

Location: _____

Time Period: _____
(Specify Month and Year)

Type of Survey: _____
(Dispatched Calls, Accident-DWI Reports, Name Survey, or Specify Other)

.....
.....

Contact Information to Return Survey Results:

Name: _____

Address: _____

Phone # (s): _____

Cost for survey is \$4.00/after 10 pages .10 a page

Surveys not retrieved seven (7) days after being requested will be placed in the Central Record Manager's office and subsequently destroyed after fourteen (14) days.

(Customers copy)