



# Bexar County Sheriff's Office

★★★★ Sheriff Javier Salazar ★★★★★

Employee Initials: \_\_\_\_\_

## OPEN RECORDS REQUEST

I, \_\_\_\_\_, request from the Bexar County Sheriff's Office the following documents and/or information under the Texas Government Code Chapter 552.001:

In order to better assist you in a timely manner, please be specific in your written request for information and provide a BCSO case number for the report you need. Use the back of the form if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship to the person listed in the report(s) (circle all that apply)

Self \_\_\_\_\_ Parent \_\_\_\_\_ Legal guardian \_\_\_\_\_ Husband \_\_\_\_\_ Wife \_\_\_\_\_ Sibling \_\_\_\_\_

Other: \_\_\_\_\_

**Note:** If a minor child report is needed you must provide a valid driver's license, an original birth certificate or current power of attorney showing you are the parent or legal guardian of the minor child involved. The BCSO will not be releasing a report involving a minor child to anyone other than the parent(s) or legal guardian.

I understand that the Bexar County Sheriff's Office has up to ten (10) business days to respond and such information may be subject to review by the Bexar County District Attorney's Office and the Texas Attorney General under provisions of Texas Government Code 552.008.

Date: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

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

Phone Number(s) \_\_\_\_\_

### Preferred Method of Delivery (Please check one)

Customer will pick up \_\_\_\_\_

Reports not retrieved within 7 days of contact will be destroyed

By Mail \_\_\_\_\_ Mailing Address: \_\_\_\_\_

By Fax \_\_\_\_\_ FAX Number: \_\_\_\_\_

By Email \_\_\_\_\_ Email Address: \_\_\_\_\_

Supervisor Comments: \_\_\_\_\_

For additional information please contact the Central Records Supervisor at (210) 335-6301.

Acknowledgements/Disclaimers

Please Initial whether Agree/Disagree

I acknowledge that if the Record I am requesting requires an associated cost, I will be provided a cost estimate prior to any work to be completed to fulfill such Records Requested. Once cost estimate is provided, I will pay such associated cost and my Request will be fulfilled thereafter accordingly, OR I will decline the cost estimate and the Requested Record will be withdrawn:

\_\_\_\_\_ Agree

\_\_\_\_\_ Disagree

I consent to the redaction of the following types of public information to which I do not have a special right of access.

- Bank account and routing numbers (Tex. Gov't Code § 552.136)
- Credit card number and expiration date (Tex. Gov't Code § 552.136)
- Date of birth (Tex. Gov't Code § 552.101 + common-law privacy)
- Drivers license number (Tex. Gov't Code § 552.130)
- Email address (Tex. Gov't Code § 552.137)
- Insurance policy number (Tex. Gov't Code § 552.136)
- License plate number (Tex. Gov't Code § 552.130)
- Personal identification number (Tex. Gov't Code § 552.147)

I acknowledge that Bexar County will redact in accordance with Texas State Law:

\_\_\_\_\_ Agree

\_\_\_\_\_ Disagree

Do you agree to the redaction or withholding of information that is subject to mandatory exceptions, provided such actions are clearly labeled on the information you received?

\_\_\_\_\_ Agree

\_\_\_\_\_ Disagree

Do you agree to the redaction or withholding of information that is subject to discretionary exceptions, provided such actions are clearly labeled on the information you receive?

\_\_\_\_\_ Agree

\_\_\_\_\_ Disagree