

PARMER COUNTY SHERIFF'S OFFICE  
Open Records Request Form

Date: \_\_\_\_\_ Current Time: \_\_\_\_\_

**Requestor Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: ( ) \_\_\_\_\_ Cell Phone #: ( ) \_\_\_\_\_

Fax #: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

**Record Information**

**Type of Record Requested:**

**Accident Report** Involvement:  Driver  Passenger  Property Owner  Attorney  Other

If "Other," please explain: \_\_\_\_\_

**Arrest Report** Date of Arrest: \_\_\_\_\_ Involvement:  Self  Attorney  Other

If "Other," please explain: \_\_\_\_\_

**Incident Report** Involvement:  Self  Attorney  Business/Property Owner  Other

If "Other," please explain: \_\_\_\_\_

**Other Report** Type of Report: \_\_\_\_\_

Involvement:  Self  Attorney  Other If "Other," please explain: \_\_\_\_\_

**Record Specifics:**

Report Date: \_\_\_\_\_ Name on Report: \_\_\_\_\_

Case Number: \_\_\_\_\_ Reporting Officer: \_\_\_\_\_

Address of Accident/Incident: \_\_\_\_\_

List any additional information that you may have that may help with locating the requested records. (If requesting an arrest report, DOB of arrested individual must be provided for proper identification):

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

**Yes**  **No** **Allow Redactions:** Allowing redaction of information deemed confidential, privileged, or exempt by the Public Information Act, statutes, case law, or court rules, may result in expedited processing of your request. By checking "Yes" above, you are acknowledging that you agree to receive the "public" portion of the report, which may include redactions (including redaction of DOBs).

Note: Records Requests may take up to ten (10) business days to be completed and returned. If the records requested fall under one of the exceptions of the Public Information Act, and require a ruling from the Attorney General's Office, the request may take up to an additional forty-five (45) business days to be completed. Records Requests may be subject to charges assessed for reproducing records, labor, overhead (which is calculated as a percentage of the total labor), and materials. IF YOU HAVE ANY ADDITIONAL INFORMATION THAT YOU WOULD LIKE TO SUBMIT, PLEASE SUBMIT THAT ON A SEPARATE PIECE OF PAPER. ALSO, YOU MUST HAVE A PICTURE ID WITH ALL OPEN RECORDS REQUESTS.

**Preferred Method of Delivery (Choose One):**  Pickup at PCSO  Mail  Fax  Email

\_\_\_\_\_  
**Signature of Requestor**