

Gonzales County Sheriff's Office Record Request Form

Please be specific and write legibly

You may mail, email, or fax this written request to:

Mail: Gonzales County Sheriff's Office

Attention: Record Requests

P. O. Box 1757

Gonzales, Texas 78629

Email: gwyatt@co.gonzales.tx.us

Fax: 830-672-2517

NOTE: ALL OFFICERS HAVE 10 BUSINESS DAYS TO COMPLETE ALL REPORTS

Offense/Incident/Crash Details

Case number or Call Number: _____ Name of responding officer: _____

*Name and date of birth of persons involved: _____

Street/Highway and City of Incident: _____

*Date & Time of Incident: _____

*Type of Incident: (Ex: Accident, Theft, Etc.) _____

Your Contact Information

Contact Name: _____ Phone Number: _____

Mailing Address: _____

Email Address: _____

Date Requested: _____

***INFORMATION MUST BE COMPLETED**

Fees: MUST BE CHECK OR MONEY ORDER. WE DO NOT ACCEPT CASH OR CARD

->Call Sheets: Free

->Crash Report: \$6.00 Certified: \$8.00

->Accident Report: \$6.00 Certified: \$8.00

->Audio/Video: \$5.00

->Research and Assembling Information: \$25.00 per hour

For office use only:

Received By: _____

Date Received: _____

Received By: _____

Action: _____

Completed By: _____

Date: _____