

P.O. Box 1757  
1713 Sarah Dewitt Dr.  
Gonzales, Texas 78629  
Ph.: 830.672.6524  
Fax: 830.672.2517  
[jcordova@co.gonzales.tx.us](mailto:jcordova@co.gonzales.tx.us)



## Gonzales County Sheriff's Office Public Information Request

*\*Information must be completed*

### Office Use Only:

Received by: \_\_\_\_\_

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

Completed by: \_\_\_\_\_

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

Amount: \$ \_\_\_\_\_

Check or M/O: \_\_\_\_\_

**THE TEXAS PUBLIC INFORMATION ACT requires the Gonzales County Sheriff's Office respond to your request within ten (10) working**

### Person Requesting Information:

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

Mailing Address: \_\_\_\_\_  
Street/PO Box City State Zip

Email Address: \_\_\_\_\_ Contact Number: (\_\_\_\_) \_\_\_\_\_

### Incident/Offense Information:

\*Type of Incident: (Ex: Theft, etc.) \_\_\_\_\_ \* Date and Time of Incident: \_\_\_\_\_

Case or Call Number: \_\_\_\_\_ Name of responding Officer: \_\_\_\_\_

Street/Highway and City of Incident: \_\_\_\_\_

\*Name and Date of Birth of person(s) involved:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_  
Requestor Signature

\_\_\_\_\_  
Date

For staff use only

MAIL BACK: \_\_\_\_\_ CUSTOMER PICK UP: \_\_\_\_\_ EMAIL / FAX: \_\_\_\_\_ DATE: \_\_\_\_\_