

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



## Gonzales County Sheriff's Office

### Solicitud de Información Pública

*\*LA INFORMACIÓN DEBE COMPLETARSE*

*Solo para uso de oficina*

Received by: \_\_\_\_\_  
Date Received: \_\_\_\_\_  
Completed by: \_\_\_\_\_  
Date Completed: \_\_\_\_\_  
Amount \$: \_\_\_\_\_  
Check or M/O # \_\_\_\_\_

EL ACTA DE INFORMACION PUBLICA del Estado de Texas require que nuestra oficina responda a su pedido dentro de diez (10) dias de trabajo.

### Persona que Solicita Información:

Nombre: \_\_\_\_\_  
Nombre Apellido

Dirección de envío: \_\_\_\_\_  
Calle Ciudad Estado Código Postal

Correro electrónico: \_\_\_\_\_ Numero de teléfono: (\_\_\_\_) \_\_\_\_\_

### Información de incidente/ofensa:

\*Tipo de incident: (Ej: Robo, etc.) \_\_\_\_\_ \* Fecha y hora del incidente: \_\_\_\_\_

Numero de caso: \_\_\_\_\_ Nombre del Oficial: \_\_\_\_\_

¿Qué documentos solicita? \_\_\_\_\_

Calle/Carretera Ciudad del incidente: \_\_\_\_\_

\*Nombre y fecha de nacimiento de la(s) persona(s) involucrada(s):

Nombre \_\_\_\_\_ Apellido \_\_\_\_\_ Fecha de nacimiento \_\_\_\_\_

Nombre \_\_\_\_\_ Apellido \_\_\_\_\_ Fecha de nacimiento \_\_\_\_\_

\_\_\_\_\_  
*Firma*

\_\_\_\_\_  
*Fecha*

*Solo para uso de oficina*

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

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## Gonzales County Sheriff's Office Public Information Request

*\*Information must be completed*

<b>Office Use Only:</b>
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: \_\_\_\_\_

\*What documents are you requesting? \_\_\_\_\_

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: \_\_\_\_\_