



# BASTROP COUNTY SHERIFF'S OFFICE

200 Jackson Street ♦ Bastrop, Texas 78602

Office: (512) 549-5100 ♦ Fax: (512) 549-5195

## POLICE RECORD REQUEST

Please allow 10 days for a response

Date of Request \_\_\_\_\_

Name of Requestor \_\_\_\_\_ Contact Number \_\_\_\_\_

Please check one of the following:

\_\_\_\_\_ Call me when the report is ready and I will pick it up

\_\_\_\_\_ Fax the report to me at \_\_\_\_\_

\_\_\_\_\_ Mail the report to \_\_\_\_\_  
\_\_\_\_\_

**Please be aware that a Full Offense Report and associated items such as videos, recordings, photos, and officer narratives are not considered public information and will not be released unless the case is closed; otherwise, a Public Information Report will be provided.**

Type of Report  Accident  Full Offense Report

Date(s) of Incident(s) \_\_\_\_\_

Case Number(s) \_\_\_\_\_

Incident Address(es) \_\_\_\_\_  
\_\_\_\_\_

Name of Person(s) Involved \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Business \_\_\_\_\_

Specify type of information requested \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

There is a \$6.00 fee for each report provided plus \$1.00 for each CD. We accept money orders and cash only.

### For Office Use Only

Public Information Report Provided

Date \_\_\_\_\_

Initials \_\_\_\_\_