

**Bobby Adams**  
*Sheriff*



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**MADISON COUNTY SHERIFF'S DEPARTMENT**

**OPEN RECORDS REQUEST**

**Requestor's Information:**  
Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name of Requestor: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Complete Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_

I am requesting the following information pursuant of the Open Government Statutes in Texas: Agency Case Number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I understand that if the incident about which I have requested information is pending litigation I will receive only the portion that is required to be released. I understand the Madison County Sheriff's Office has ten (10) business days to process my request. I understand that in lieu of releasing the information, the Madison County Sheriff's Office may request an opinion from the Office of the Attorney General.
- I understand that the information will not be given out over the phone. I understand that I will be notified by phone, mail and/or email when my request is completed, along with the cost for information. I understand that the results will only be help for ten (10) business days after notification. I understand that if I fail to claim the completed request prior to the expiration of the ten (10) business days, I must subsequently request the information.

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

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

**DATE RECEIVED:** \_\_\_\_\_  
**RECEIVED BY:** \_\_\_\_\_  
**DATE NOTIFIED:** \_\_\_\_\_  
BY MAIL ( ) EMAIL ( ) FAX ( ) PHONE ( ) IN PERSON ( )