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Open Records Request Form

For: Copy of public records that fall under the Opens Records Act. This form is to be filled out by the person requesting the records.

Today's Date: _____
Your Name: _____ E-Mail: _____
Your Address: _____
City: _____ State: _____ Zip: _____
Phone #'s: Work/Cell: _____ Home: _____ Fax: _____

DESCRIPTION OF RECORDS REQUESTED:

Please be specific and provide as much information as possible to clearly describe the records you are requesting. (Case Number, Name of Person Involved, Date, Location, Type of Record)

YES ___ NO ___ I am requesting only the public portion of the requested information and do not want to receive information deemed confidential, privileged, or exempt by the Texas Public Information Act, statutes, case law, or court rules.

If no, then I understand that my request may be forwarded to the Attorney General's Office for consideration and may take up to 45 business days to receive a ruling.

The Williamson County Sheriff's Office charges for Public Information are based on the charge schedule adopted by the Texas Office of the Attorney General in accordance with the Texas Public Information Act.

Signature: _____

For office use only:	
Charge: _____	Receipt #: _____
Date: _____	Completed by: _____
Manner released: _____	Comments: _____