

RECEIVED BY ECSO PERSONNEL:_

OPEN RECORDS REQUEST FORM

Ellis County Sheriff's Office, Records Department, 300 S. Jackson St., Waxahachie, TX. 75165 Ph: $(972)\ 825.4901$ / Fax: $(972)\ 825.4941$

(PLEASE PRINT LEGIBLY)	After your request has been
TODAY'S DATE:	processed it will be sent to the
BUSINESS OR AGENCY: (IF REQUESTING FOR A BUSINESS OR AGENCY)	Ellis County District Attorney's Office, where they will determine what can be released.
MR./MS./MRS: & (YOUR NAME):(CIRCLE ONE)	This process may take up to 10 business days.
ADDRESS:	Personnel from the DA's office will contact you once your request is ready.
CITY, STATE, ZIP CODE:	
YOUR PHONE NUMBER:	You may check the status of your request by calling the
EMAIL ADDRESS:	DA's Office at 972.825.5035.
SpouseSelfI am the parent/legal guardianLegal counsel/attorney	y
SpouseSelfI am the parent/legal guardianLegal counsel/attorney	у
Employer Other explain	Information that is
EmployerOther explain Under the Public Information Act, I request copies of the following:	Information that is confidential by law, either constitutional, statutory or judicial decision, is
	confidential by law, either constitutional, statutory or judicial decision, is excepted from public discloser. I agree to all such
Under the Public Information Act, I request copies of the following:	confidential by law, either constitutional, statutory or judicial decision, is excepted from public discloser.
Under the Public Information Act, I request copies of the following: Offense ReportAccident ReportPhotos 911 AudioDash-cameraBody cameraCall out sheet	confidential by law, either constitutional, statutory or judicial decision, is excepted from public discloser. I agree to all such information being withheld
Under the Public Information Act, I request copies of the following: Offense ReportAccident ReportPhotos 911 AudioDash-cameraBody cameraCall out sheet REPORT/SERVICE NUMBER:	confidential by law, either constitutional, statutory or judicial decision, is excepted from public discloser. I agree to all such information being withheld by checking the box below.
Under the Public Information Act, I request copies of the following: Offense ReportAccident ReportPhotos 911 AudioDash-cameraBody cameraCall out sheet REPORT/SERVICE NUMBER: DATE OF INCIDENT:	confidential by law, either constitutional, statutory or judicial decision, is excepted from public discloser. I agree to all such information being withheld by checking the box below.
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DATE:_