



# DALLAS COUNTY SHERIFF'S OFFICE



## Public Information Request

Sheriff  
Marian Brown

### REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

Complete this form to request records from the Dallas Sheriff's Department. You may receive a response within 10 business days of your request.

Submit form to:

**US Mail:** Open Records Request  
Dallas County Sheriff's Office #3110  
133 N. Riverfront Blvd., LB-31  
Dallas, TX 75207

**Online Submission:**  
[https://dallascountytexas.govqa.us/WEBAPP/\\_rs](https://dallascountytexas.govqa.us/WEBAPP/_rs)  
**Fax:** (214) 653-3420

Please be advised that we do not maintain medical records. Copying and/or reproduction charges may apply depending on the number and type of records requested, including postage if the records are mailed. An estimate of charges will be sent prior to the release of information. Under the Public Information Act, you may have the right to inspect the information for free without paying copy charges. To determine if you are eligible to inspect the information for free, please call (214) 653-3453.

#### 1. Please Print All Information. Incomplete Requests Cannot Be Processed.

<b>Date of Request:</b>	_____	<b>Telephone:</b>	_____
<b>Name of Requestor:</b>	_____	<b>E-Mail:</b>	_____

#### 2. Preferred Method Of Receipt / Correspondence:

<input type="checkbox"/> <b>Mailing Address:</b>	_____	Company Name (If Applicable) / Street Address	
	_____	City	State
<input type="checkbox"/> <b>Email: (If Applicable)</b>	_____	Zip Code	
<input type="checkbox"/> <b>Fax:</b>	_____		

#### 3. Preferred Format (Select One):

<input type="checkbox"/> <b>Electronic (If Applicable)</b>	<input type="checkbox"/> <b>Paper / CD / DVD Format</b>	<input type="checkbox"/> <b>View Records In Person</b>
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Complete the form below. To avoid delays in response, please be specific with your request and include names, addresses, dates, time and place. If you are requesting information on an accident, please include the accident report number.

**4. Detailed Description Of Requested Record(s):**

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Date

\_\_\_\_\_

Signature