

SAN JACINTO COUNTY SHERIFF'S OFFICE
OPEN RECORDS REQUEST

Name	Today's Date
Date of Birth	Driver's License #
Phone Number	Email Address
Case Number	Date / Time of Incident (If known)
Location of Incident (If known)	
Names of Individuals Involved (if known):	
Person 1:	
Person 2:	
Person 3:	

TYPE OF RECORDS REQUESTED (CHECK ALL THAT APPLY):

☐	Incident Report	☐	Offense Report	☐	Arrest Report
☐	Call for Service	☐	Dispatch/CAD Records	☐	Body-Worn Camera Video
☐	Dash Camera Video	☐	Photographs	☐	Audio Recordings
☐	Jail Records	☐	Other:		

Please describe the records requested and be as specific as possible. Include dates, times, names, locations, report numbers, and the type of records requested: