



RAINS COUNTY SHERIFF'S OFFICE  
313 E NORTH STREET  
EMORY, TX 75440  
PHONE (903) 473-3181  
FAX (903) 473-3008



**OPEN RECORD REQUEST FEE SCHEDULE**

Type of Charge	Fee Amount	Notes
Black & white copies (standard letter/legal size)	\$0.10 per page	Applies for paper copies
Electronic storage media (CD, DVD, USB)	CD/DVD - \$1.00 USB Drive - \$3.25	Charged for tangible storage device
Dash Camera Body Worn Camera	\$15 per hour \$10 per recording in response to the requested data and \$1 per minute of camera video or audio footage	Includes the actual time to compile the data
Labor to gather/prepare records	\$15 per hour	Charged only after first hour; cannot exceed lowest paid employee for work performed
Programmer labor (if needed)	\$28.50 per hour	Charged when technical programming is required
Mailing costs	Actual cost	Postage or shipping
Fax transmission charges	\$1.00 per page	Charged if requester requests fax delivery



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Department Use Only:

Received: \_\_\_\_\_

Responded: \_\_\_\_\_

Received: \_\_\_\_\_

Responded: \_\_\_\_\_

### **OPEN RECORDS REQUEST**

#### REQUESTOR CONTACT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Preferred Manner of Written Communication (CIRCLE ONE): STANDARD MAIL or EMAIL

#### DESCRIPTION OF THE INFORMATION REQUESTED *(Note: Describe the information precisely.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Range From: \_\_\_\_\_ To: \_\_\_\_\_; Time From: \_\_\_\_\_ (am/pm) To: \_\_\_\_\_ (am/pm)

Offender Name: \_\_\_\_\_ Offender DOB: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Address of Incident: \_\_\_\_\_

Under the Public Information Act, some categories of information do not have to be released. Exceptions to disclosure fall into two general categories: 1) mandatory exceptions that make information confidential and require a governmental body to withhold information, and 2) discretionary exceptions that allow but do not require a governmental body to withhold information. You may find information about mandatory and discretionary exceptions at: [Confidential Information under the Public Information Act Office of the Attorney General's website texasattorneygeneral.gov](http://Confidential Information under the Public Information Act Office of the Attorney General's website texasattorneygeneral.gov).

In most instances, a governmental body is required to request a decision from the Attorney General in order to withhold information from a requestor. However, a requestor may permit a governmental body to redact information without requesting an Attorney General decision. You are not required to agree to the redaction of any information responsive to your request, but doing so may streamline the handling of your request. If you agree to redactions in this request, then you may request the redacted information in a future information request.

- Do you agree to the redaction of information that is subject to mandatory exceptions, provided such redactions are clearly labeled on the information you received (CIRCLE ONE) **NO / YES**
- Do you agree to the redaction of information that is subject to discretionary exceptions, provided such redactions are clearly labeled on the information you receive? (CIRCLE ONE) **NO / YES**

#### INFORMATION PREFERENCES

- If available, do you wish to receive an electronic copy of the information? **NO / YES**

**Please Note:** If the information requested is unclear or if a large amount of information is requested you may be contacted to discuss clarifying or narrowing your request. There may be charges associated with production of the requested information. You may find more information regarding the charges under the Public Information Act [Charges for Public Information Office of the Attorney General texasattorneygeneral.gov](http://Charges for Public Information Office of the Attorney General texasattorneygeneral.gov).

SIGNATURE OF REQUESTOR: \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_