



104 S. Water St.  
 San Saba, Texas 76877  
 Phone: (325) 372-5551  
 Fax: (325) 372-3277

**SAN SABA COUNTY SHERIFF'S OFFICE**  
 PUBLIC INFORMATION REQUEST

**\$10.00 FEE PER REPORT**  
 IN PERSON: CASH & EXACT CHANGE ONLY  
 BY MAIL: \* **DO NOT** SEND CASH  
 MONEY ORDER OR CASHIERS CHECK ONLY  
**WE WILL NOT ACCEPTED** CREDIT CARDS  
 OR PERSONAL CHECKS

**VALID PHOTO ID REQUIRED**  
 IN PERSON: PRESENT TO PERSONNEL  
 BY MAIL: SEND COPY OF ID

THE TEXAS PUBLIC INFORMATION ACT requires the San Saba County Sheriff's Office respond to your request within ten (10) working days.  
 (MUST BE FILLED OUT IN BLUE INK ONLY)

Name of Person Requesting Information: \_\_\_\_\_  
 (Please Print Your Name) Personnel will need to see valid photo ID

ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

IF YOU WANT REPORT FAXED

PLEASE INDICATE TYPE OF REPORT

THEFT  FIRE  OTHER San Saba County Sheriff's Office Case # (if known) \_\_\_\_\_

*If you do not give CASE #'s, you must provide ALL information below*

DATE: \_\_\_\_\_ (when incident happened) Several reports FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
 DATE DATE

Person(s) involved in incident  
 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Location where incident happened  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

VEHICLE ACCIDENT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ (when accident happened)  
 San Saba County Sheriff's Office Case # (if known) \_\_\_\_\_

*If you do not give CASE #'s, you must provide ALL information below*

Please provide name of person driving vehicle at the time of accident  
 Driver's First Name: \_\_\_\_\_ Driver's Last Name: \_\_\_\_\_

Passenger's First Name: \_\_\_\_\_ Passenger's Last Name: \_\_\_\_\_

Need EXACT LOCATION of accident  
 Location Where Accident Occurred: \_\_\_\_\_

Need intersection where accident happened  
 Intersection(s): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Need Vehicle Involved  
 in accident YEAR \_\_\_\_\_ Make \_\_\_\_\_ License Plate (if known) \_\_\_\_\_  
 YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ License Plate (if known) \_\_\_\_\_

Signature of Person Requesting Information \_\_\_\_\_ DATE \_\_\_\_\_

**INSTRUCTIONS**

All request must be submitted in writing. Only written request trigger a governmental body's obligations under the Texas Open Records Act.  
You must supply valid contact information for you request to be processed.  
Once the information is gathered you will notified that the records are ready. Payment will be accepted with request is fulfilled. Additional fees may be required depending upon how many pages the request consist of.  
Submit your request only once via email, fax, U.S. mail or in person.  
Do not include attachments.  
Clearly print the information you are requesting in the lines provided.  
Please allow at least ten (10) business days for a response. If requested information cannot be provided with the ten (10) business days you will be notified in writing of the reasonable date and time it will be available.  
Requests submitted by an individual presently incarcerated in a city, state or federal institution will not be processed.

**Additional Information:**

***Complete Offense Reports are available under the Open Records Act. However, reports are not available if there is a criminal investigation pending or the report is filed with the juvenile court. There is a nominal fee for reproducing reports depending on the depth of the report.***

Some information you are requesting may be considered confidential or otherwise accepted from the public disclosure requirements of the Texas Public Information Act Section 552.001 of the Texas Government Code. If you agree to accept a redacted copy of the requested record, we will provide you with a redacted copy within ten (10) working days from the date of the request. If you wish to have a record with no redactions, the department may, by law, request a ruling by the Texas Attorney General's Office on whether all, or parts, of your request is releasable. Request submitted to the Texas Attorney General's Office may take up to forty-five (45) working days, from the date of the request, before a ruling is provided.

Please be advised that our search for records is based on the information provided. We do not conduct advanced searches to databases outside of the San Saba County Sheriff's Office.

**Information being requested: (Please BE SPECIFIC. Failure to list specific information may result in a delay. Not all fields are required; however, providing more information will help expedite the process.)**

FOR OFFICE USE ONLY

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

DECLINED: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS:

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

Reciept# \_\_\_\_\_ Personnel \_\_\_\_\_

Pick up \_\_\_\_\_ Mailed \_\_\_\_\_ Fax \_\_\_\_\_