

SHERIFF BRANDON J. FLETCHER

HARRISON COUNTY P.O. BOX 568 MARSHALL, TEXAS, 75671



Open Records Division

Open Records Request

loday's Date:	
Please include the	e following information, as it is applicable:
Case Number:	
Complainants Name or	Report:
Date and Time of Repo	rt:
Type of Report Req	uested:
☐ Offense	Location of report:
☐ Incident	Requestors Name:
☐ Arrest	Requestors Address:
☐ Accident	Requestors Number:
Copy of Identification is required	
Requestors Signature:	
•	rds Act Chapter 552.221 of the Government Code, the above request for and processed within ten (10) days. The above stated requestor must be

A charge of \$0.10 per page will be required

prepared to pay reasonable cost for copying as indicated below.

All requests which require more than one hour to process will be processed at a cost of \$15.00 per hour plus 20% overhead.