



JACKSON COUNTY SHERIFF'S DEPARTMENT

John Ledbetter
Sheriff

Randy Muffley
Chief Deputy

PUBLIC RECORD REQUEST

ALL PUBLIC RECORD REQUESTS MUST BE SUBMITTED IN WRITING

Requestor name _____ Date _____

Organization (if any) _____ Phone number _____

Email _____

Please provide a clear concise description with dates of the record requested and its nature. Attach a separate page, if needed. Direct the request toward only one subject matter.

Services	Estimate of Cost
Copies (copier or computer generated)	_____ @ \$.50 each \$ _____
Material & Information	_____ @ \$15.00 per hour ... \$ _____
Computer Information	_____ @ \$20.00 per hour ... \$ _____
Video Requests (Redaction)	_____ @ \$25.00 per hour ... \$ _____
Service Fee (non-refundable)	_____ @ \$25.00 \$ _____
Mailing Fee	_____ @ TBD \$ _____
Receipt Number _____	Total Amount Paid: _____
	Cash only, please have correct change

The Jackson County Sheriff's Department will contact you within 14 days with an approval or denial. You will be responsible for any cost incurred.

Signature _____

** Please do not write in the areas below. This area is for Sheriff Department use only.*

RECORDS REQUEST RESPONSE

Request completed by _____ Date _____

Request approved / denied by _____ Date _____

Reason for denial

