



JACKSON COUNTY SHERIFF'S DEPARTMENT

Mike Ezell
Sheriff

John Ledbetter
Chief Deputy

PUBLIC RECORD REQUEST

ALL PUBLIC RECORD REQUESTS MUST BE SUBMITTED IN WRITING

Requestor name _____ Date _____

Organization (if any) _____ Phone number _____

Address _____ State _____ Zip Code _____

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 received by _____ Date _____

Request approved / denied by _____ Date _____

Reason for denial

