



# 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 Blake Feldman for Blake Feldman \_\_\_\_\_

*\* 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

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