

Cooke County Justice Center

320 CR 451 | Gainesville, Texas 76240 Tel: (940) 668-5463 | Fax: (940) 668-5411

RECORDS REQUEST FORM

All records requests must be in writing.

Fees for records are charged in accordance with Local Government Code 118.121:

- Certified: \$2 for first page + \$0.25 for each additional page
- Non-certified: \$1 for first page + \$0.25 for each additional page

NAME:	PHONE NUMBER:		
ADDRESS:			
EMAIL ADDRESS:	FAX NUMBER:		
PREFERED METHOD OF DELIVERY:	PICK UP	EMAIL	FAX
RECORDS REQUESTED: (please be as specific	fic as possible)		
SIGNATURE:	DATE:		
Records will be produced in accordance with R this State. Available records will be provided to records cannot be provided within 14 days, you be provided. If your records request is denied,	o you with 14 days of will be given with n	f our receipt of your requotice of a date and time	uest when possible. If when documents will
**************************************	R OFFICE USE ONI		********
Records produced Date:	By:	Amt Pa	aid:
Records denied (denial attached)		Pmt Ty	rpe: