

## Public Information Request

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Description of Public  
Record(s) Being  
Requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Check one:**

I wish to ☐ View documents ☐ Obtain copies

**Check one:**

☐ Pick up copies. ☐ Mail copies. ☐ Fax copies. ☐ E-Mail Copies

**Check if agree:**

☐ All confidential information will be redacted including Dates of Birth. If you do not agree with this condition an opinion will have to be sought by the Attorney General and will take 45 days or longer to comply with this request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only

Request completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Bosque County  
Request for Body Camera Video**

The following information is required for the Sheriff's Office to release any body camera footage under Texas Occupations Code, Section 1701.661. Provision of this information does not guarantee that such footage will be released as some footage may contain confidential information.

Date and Approximate Time of Recording: \_\_\_\_\_

Specific Location where recording occurred: \_\_\_\_\_

Name of one or more persons who are subjects of the recording:

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

**The Sheriff's Office must have written authorization from the any persons who are the subject of the video footage if: (a) video was recorded in a private place; or (b) involves investigation of conduct of a fine only offense.**

**For Official Use Only**

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Footage located: \_\_\_\_\_

Current Investigation: \_\_\_\_\_

Reviewed for Confidential Information by: \_\_\_\_\_

Release: \_\_\_\_\_ Fee paid: \_\_\_\_\_

AG Opinion requested: \_\_\_\_\_