



JUSTICE OF THE PEACE, PRECINCT ONE, GILLESPIE COUNTY  
125 WEST MAIN STREET, FREDERICKSBURG, TEXAS 78624  
PHONE: 830-307-3737, EXT 1 FAX: 830-990-1115  
EMAIL: [jp1office@gillespiecounty.gov](mailto:jp1office@gillespiecounty.gov)

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## PUBLIC RECORDS REQUEST FORM

This form is provided to assist members of the public in submitting a request for public information pursuant to the Texas Public Information Act (Texas Government Code, Chapter 552). Public information requests may also be submitted in writing by other means permitted by law.

### Requestor Information

Full Name: \_\_\_\_\_  
Organization (if applicable): \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Preferred method of response (check only one):

- ☐ Email  
☐ Mail  
☐ Pick-Up  
☐ Other (describe): \_\_\_\_\_

### Description of Records Requested

Please describe the records you are requesting with as much detail as possible. Include relevant dates, case numbers, names, locations, or other identifying information to help locate the records. (Attach additional pages if necessary.)

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## Format of Records Requested

- ☐ Electronic (PDF or other available format)
- ☐ Paper Copies
- ☐ Inspection Only

## Fees and Cost Acknowledgement

I understand that charges for providing copies of public information may apply in accordance with the Texas Public Information Act and the rules of the Office of the Attorney General. I acknowledge that I may be required to pay approved costs, or submit a cost bond, before records are released.

- ☐ Please notify me if estimated costs exceed: \$\_\_\_\_\_

## Exemptions, Redactions, and Clarification

I understand that certain information may be confidential or excepted from disclosure under the Texas Public Information Act and other applicable laws. Such information may be redacted or withheld. If clarification is required to identify or locate the requested information, I understand that I may be contacted and that statutory deadlines may be tolled until clarification is received.

## Special Notice Regarding Autopsy Records

Autopsy reports, photographs, and related records are subject to specific access restrictions under Texas law. Unless otherwise authorized by court order, autopsy records requested from this office must be picked up in person. Release by electronic or mail delivery may be permitted only if expressly granted by the presiding judge.

## Certification and Signature

I certify that the information provided above is accurate to the best of my knowledge and ability.

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

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

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

Submission Instructions: Submit this completed form by email or mail at [jp1office@gillespiecounty.gov](mailto:jp1office@gillespiecounty.gov) or 125 W Main Street, Lower Level, Fredericksburg, TX. 78624.

## Office Use Only

Disposition:

- ☐ Approved  
☐ Denied

Require In-Person Pick Up? \_\_\_\_\_ Yes or \_\_\_\_\_ No

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Date Received:

Response Due By:

Date Documents Released:

- ☐ Fully Released  
☐ Partially Released

Cost for Release:

Paid by:

- ☐ Credit Card  
☐ Cash  
☐ Check

Receipt No. \_\_\_\_\_

Receipt No. \_\_\_\_\_

Check No. \_\_\_\_\_

Notes:

Documents Received By:

- ☐ Email (read receipt attached)  
☐ In Person (release form attached)  
☐ Inspected Only (release form attached)  
☐ Other: \_\_\_\_\_