



Sheriff Carl R. Bowen

Chief Deputy - John A. Oglesby

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DATE

REQUEST FOR RECORDS

I, _____, am requesting a copy of
the report or call card on the _____ that occurred

(Incident or Accident)

on _____. Incident or Case # _____

(Date or Approximate Month/Year)

Names involved (if known or if any): _____

To pick up information at DCSO when ready, call: _____

To fax or email information, fax or email to: _____

To mail information, mail to: _____

(P.O. Box or St. number)

(City, State, Zip Code)

Signature