

2617 N. Guadalupe St.  
Seguin, Texas 78155  
(830) 379-1224  
(830) 303-5241 Metro  
(830) 372-1000 Fax



**GUADALUPE COUNTY SHERIFF'S OFFICE  
PUBLIC INFORMATION REQUEST**

**\$5.00 FEE PER REPORT**  
IN PERSON: CASH & EXACT CHANGE ONLY  
BY MAIL: \* **DO NOT** SEND CASH  
MONEY ORDER OR CASHIERS CHECK ONLY  
**NOT ACCEPTED** CREDIT CARDS OR  
PERSONAL CHECKS

**THE TEXAS PUBLIC INFORMATION ACT requires the Guadalupe County Sheriff's Office respond to your request within ten (10) working days.**

**VALID PHOTO ID REQUIRED**  
IN PERSON: PRESENT TO CLERK  
BY MAIL: SEND COPY OF ID

Name of Person Requesting Information: \_\_\_\_\_  
(Please Print Your Name) Clerk will need to see valid photo ID

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

*If you want report faxed*

**PLEASE INDICATE TYPE OF REPORT**

**THEFT**  **FIRE**  **OTHER** Guadalupe County Sheriff's Office Case # (if known): \_\_\_\_\_  
If you do not give a CASE #, you must provide ALL information below

Date: \_\_\_\_\_ (when incident happened) Several reports FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
Person(s) involved in Incident DATE DATE

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Location where incident happened

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

City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

**VEHICLE ACCIDENT** Date: \_\_\_\_\_ Time: \_\_\_\_\_ (when accident happened)  
Guadalupe County Sheriff's Office Report/Case(s) \_\_\_\_\_  
Please provide name of person driving vehicle at time of accident If you do not give a CASE#, you must provide ALL information below.

Driver's First Name: \_\_\_\_\_ Driver's Last Name \_\_\_\_\_

Passenger's First Name \_\_\_\_\_ Passenger's Last Name \_\_\_\_\_

Need EXACT LOCATION of accident

Location Where Accident Occurred: \_\_\_\_\_

Need intersections where accident happened

Intersection(s): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

**Need Vehicles involved** YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ License Plate (if known) \_\_\_\_\_  
**In accident** YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ License Plate (if known) \_\_\_\_\_

Date \_\_\_\_\_

**Signature of Person Requesting Information**

Signature box

FOR OFFICE USE ONLY

**APPROVED :** \_\_\_\_\_ **DATE** \_\_\_\_\_

**DECLINED :** \_\_\_\_\_ **DATE:** \_\_\_\_\_

COMMENTS:

Comments lines

Receipt# \_\_\_\_\_ Clerk \_\_\_\_\_ Pick up \_\_\_\_\_ Mailed \_\_\_\_\_ Fax \_\_\_\_\_