



Kaufman County District Attorney  
PUBLIC INFORMATION REQUEST FORM

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

Description of Information Requested:

Requestor's Signature: \_\_\_\_\_

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

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

Office Use Only

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

Received date: \_\_\_\_\_

Request submitted to Civil District Attorney for review:  Yes  No

Date referred to District Attorney: \_\_\_\_\_