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Courthouse Security
Access Card Application

Full Legal Name: _____

Address: _____

Phone Number: _____

Texas Driver's License Number: _____ Expiration Date: _____

Email: _____

Eye Color: _____ Hair Color: _____ Height: _____ DOB: _____

I hereby affirm that all the information provided on this application is true and correct to the best of my knowledge.

Signature of Applicant

Date

Department: _____

Access Requested:

Master Access Monday-Friday (7:30 am-6:00 pm): Other: (Please specify) _____

This form is being used for a modification of existing access:

Name of Department Head

Signature of Department Head

Date

APPROVED:

District Attorney or Designee, Courthouse Security

Date