

ROCKWALL POLICE DEPARTMENT

205 West Rusk Street, Rockwall TX 75087
972-771-7725 FAX #: 972-771-7726

OPEN RECORDS REQUEST FORM

Please PRINT All Information

Today's Date: _____

REQUESTER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PHONE NO.: _____ OTHER PHONE NO. _____

I am requesting information pursuant to the Public Information Act. I understand that the Rockwall Police Department has ten (10) business days to respond to my request. I understand that in lieu of releasing the information, the Rockwall Police Department may request an opinion from the Open Records Division of the Texas Attorney General's Office. In the event the Department deems the requested information to be exempt from public disclosure, a decision from the Texas Attorney General will be requested. Requests concerning juveniles, criminal investigations, child abuse, and sexual assaults will be forwarded to the Texas Attorney General's Office for an opinion. If an Attorney General's opinion is sought, you will be notified in writing. There is a .10 cent, per page, copy charge for reports that contains 10 pages or more. You will be contacted if the charge exceeds \$40.00 concerning the following: *[Failure to provide specific information will result in the delay of fulfilling your request. Please provide all information you have concerning your request.]*

Type of Incident: _____ Date of Incident: _____

Incident Report No.: _____ Address of Incident: _____

Name of Person[s] Involved [Include Date of Birth, Age, Race, Sex]: _____

PLEASE PROVIDE A DETAILED DESCRIPTION OF THE REQUESTED INFORMATION [Be Specific]:

If additional space is needed, please use the reverse side of this form

REQUESTOR'S SIGNATURE

For Completion by City only

Processed by: _____

Processed by: _____

Date Completed: _____

Date Completed: _____

Necessary for Review by City Attorney: ____Y ____N

Date Sent to City Attorney: _____

Requires Ruling from Attorney General: ____Y ____N

Date Sent to Attorney General: _____

Total Number of Pages: _____

Cost: _____

Signature of Requestor

Date Requestor Received Records