



City of Rockwall
The New Horizon

DISCOVERY REQUEST

DATE OF REQUEST: _____

NAME OF REQUESTOR(Please print): _____

ADDRESS OF REQUESTOR: _____

CITY _____ STATE: _____ ZIP CODE: _____

DAYTIME PHONE NUMBER OF REQUESTOR: _____

NAME OF TICKETED INDIVIDUAL: _____

ADDRESS OF TICKETED INDIVIDUAL: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TYPE OF OFFENSE: _____

CITATION #: _____

OFFICER TAPE #: _____ OFFICER VEHICLE #: _____

DATE OF OFFENSE: _____ TIME OF OFFENSE: _____

LOCATION OF OFFENSE: _____

OFFICER NAME AND BADGE NUMBER: _____

PLEASE DESCRIBE THE INFORMATION OR RECORDS THAT YOU ARE REQUESTING: (If you are requesting a copy of video, please include a license plate number and description of the vehicle involved in the ticket):

Fees: \$3.00 per DVD

Court Personnel

Date

Delivered To:

Records Personnel

Date

Records Personnel please indicate if higher charges filed Yes No