

Garland Police Department

REQUEST FOR INFORMATION

(PLEASE **PRINT** ALL INFORMATION)

Today's Date: _____

Requester's Name: _____

Contact Address: _____

Contact Phone #: _____

Other Ph# or Email: _____

I am requesting information pursuant to the Open Government statutes in Texas. I understand if the incident about which I have requested information is pending litigation, I will receive only the portion that is required to be released. I understand the Garland Police Department has **ten (10) business days to process my request and**, in lieu of releasing the information, may request an opinion from the Office of the Attorney General. I further understand:

- Copies are ten cents (\$.10) per page.
- More than 50 pages will incur additional cost.
- An estimate will be sent for charges exceeding \$40
- I will be contacted when request is completed.
- I must pickup request within fifteen (15) calendar days after notification.
- If I fail to pick up request and re-request the information, fees for both request must be paid.

I am requesting information concerning the following: (To prevent delays in processing your request, please provide as much information as possible).

Type of Incident: _____ Date(s) of Incident(s): _____

File Number: _____ Address of Incident: _____

Name of Person(s) Involved: _____

(Incl. Date of Birth, Age, Race, Sex)

Other Information: _____

(Use page 2 of this form if additional space is needed)

Signature of Requester

Office Use Only

File #(s): _____

Date Notified: _____

Mail: _____ Phone: _____

Fax: _____ Email: _____

of Pages: _____

Other: _____

Amount Due: \$ _____

By: _____

