

Garland Police Department

REQUEST FOR INFORMATION

(PLEASE PRINT ALL INFORMATION)

Today's Date: _____

Requester's Name: _____

Contact Address: _____

city/state/zip

Apartment #: _____

Contact Phone #: _____

Other Ph# or Email: _____

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You are requesting information from the Garland Police Department pursuant to the Public Information laws of the State of Texas. The incident(s) about which you have requested information may pertain to ongoing criminal investigations or otherwise contain information which does not have to be released under these laws. In most instances, a governmental body is required to request a decision from the Attorney General in order to withhold information from a requestor. However, a requestor may permit a governmental body to redact information without requesting an Attorney General decision. You are not required to agree to the redaction of any information responsive to your request, but doing so may streamline the handling of your request. If you agree to redactions in this request, then you may request the redacted information in a future information request.

- Do you agree to the redaction of information that is subject to exceptions, provided such redactions are clearly labeled on the information you received? **YES** **NO**

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.** I understand there is a charge of ten cents (\$.10) per page for copies. I understand there may also be charges assessed for the research involved in processing the request. I understand with any request that may result in more than \$40.00 in charges, I will be sent an estimate before the request is processed and I must respond to that estimate if I wish the request to be processed. I understand I will be contacted when my request is completed. I understand completed requests will be held for only fifteen (15) calendar days after notification. I understand if I fail to claim the completed request prior to the expiration of fifteen (15) calendar days and subsequently re-request the information, I must pay all charges associated with both requests prior to the information being released.

I am requesting information 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(s) of Incident(s): _____

File Number: _____

Address of Incident: _____

Name of Person(s) Involved: _____

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

Other Information: _____

Signature of Requester

