

**OPEN RECORDS REQUEST**

**Date of Request:** \_\_\_\_\_

**Type of Record Requested:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Person Making Request:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

**Identification:** \_\_\_\_\_ **Texas Drivers License**      **Number:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**Record/Report Identifiers:**

(Complete as much information as known. Certain identifiers required by law for specific reports)

**Date of Incident:** \_\_\_\_\_ **Approximate Time:** \_\_\_\_\_

**Location of Incident:** \_\_\_\_\_

**Brief description of incident:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Person(s) involved:** \_\_\_\_\_

(List names, race, sex, and dates of birth, if known)

**Signature:** \_\_\_\_\_

\_\_\_\_\_ **No Record Found**

\_\_\_\_\_ **Record on File**      **Number of Pages:** \_\_\_\_\_      **Fee \$:** \_\_\_\_\_

**Signature of Records Personnel:** \_\_\_\_\_

**Date:** \_\_\_\_\_