City of Victoria

PUBLIC INFORMATION REQUEST

Police Department Records

Date of Request: ______________________________ Signature

Your Name: ______________________________

Address:  _______________________________________________________________________________

Phone:  ________________________________ Fax: ____________________________________

eMail:  ________________________________________________@____________________.________

Describe in detail the information you are requesting, including dates and locations:
If you are requesting information relating to a person, you must provide a date of birth or other identifying information.

_____________________________________________________________________________________________

_____________________________________________________________________________________________

Attach separate pages if necessary

Are you requesting information about yourself?

☐ Yes  ☐ No  ☐ N/A

If no, what is your relationship to the person who is named in your request?

_____________________________________________________________________________________________

• The information you have requested may be subject to one or more applicable exceptions to the Texas Public Information Act.

• Original documents may not be removed from City Offices.

• Charges may apply. Please visit https://www.texasattorneygeneral.gov/open/charges.shtml for more information.

• Expedited Delivery: You may choose to amend your request to avoid submission to the Texas Attorney General. If you select this option, you agree that the City may redact any information considered by statute or otherwise to be privileged or non-releasable pursuant to the Texas Public Information Act. NOTE: This includes individuals’ date of birth. If you do not give permission for the City to redact dates of birth, the information you requested will be submitted to the Attorney General for a decision.

☐ I hereby amend my request and agree that the City may redact the information I have requested according to any applicable exceptions to the Texas Public Information Act. _____ your initials

<table>
<thead>
<tr>
<th>Date Request Received:</th>
<th>Employee Initials:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Possible Exceptions:</td>
<td></td>
</tr>
<tr>
<td>Approved</td>
<td>Sent for OAG Opinion</td>
</tr>
<tr>
<td>Cost Estimate:</td>
<td></td>
</tr>
</tbody>
</table>