

# Dumas Police Department Information / Records Request Form

**TO: CUSTODIAN OF RECORDS FOR THE CITY OF DUMAS POLICE DEPARTMENT**

<b>FROM: Name:</b>		<b>ID/DL #:</b>		
<b>Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Telephone No. (Home):</b>		<b>(Work):</b>	<b>(Mobile):</b>	

Pursuant to Texas Government Code, Ch. 552, I am requesting certain information, specifically:

**CHECK ONE BOX**

<input type="checkbox"/>	<b>MADE AVAILABLE TO ME FOR EXAMINATION ONLY.</b> The custodian may schedule an appointment within a reasonable time for my examination of the information. I understand that I must complete my examination within ten days after the date the records are made available to me.
<input type="checkbox"/>	<b>COPIED OR DUPLICATED</b> for me (See back for charges).

**CHECK ONE BOX**

<input type="checkbox"/>	<b>MAILED</b> to me at the address indicated above. (See back for charges.)
<input type="checkbox"/>	<b>PICKED UP</b> by me or my representative when you advise the information is ready.
<input type="checkbox"/>	<b>FAXED</b> to me at <input style="width: 150px;" type="text"/>

I FULLY UNDERSTAND THAT THIS REPORT has the Date of Birth(s) redacted per the Texas Public Information Act. By checking this box and signing below I attest I will accept the report with the redacted information. I further understand that by not checking the box I will not accept the report with the information redacted and understand the Dumas Police Department will request an opinion from the Texas Attorney General's Office. The report will be withheld until such opinion is received by the department.

I agree to pay the costs of photocopying, duplication, the labor costs involved in retrieving information that is not readily available or in need of redacting, and the cost of mailing or faxing. In the event the estimated cost to satisfy my request exceeds: (a) \$40.00, then I will receive a detailed statement and the opportunity to narrow my request and if I fail or refuse to narrow my request within 10 business days, then my request is deemed withdrawn; (b) \$100 or if I owe over \$100 in unpaid fees for prior requests, then I understand a deposit may be required prior to retrieval of the information I currently seek.

I understand that the City of Dumas may withhold information, which is not considered public information under the Texas Public Information Act, as interpreted by the Texas Attorney General or the courts. If it is uncertain whether the information is public or not, the City will request an opinion from the Attorney General. I will get a copy of the City's letter to the A.G. requesting an opinion about my request.

I understand that the City is required to release only information, which currently exists, that is in its possession, and in its current state. The City is not required to compile or create specific information or formats for my use. I understand the City will make the information available as soon as reasonably possible, normally no more than 10 business days. Archived records, voluminous requests, and documents requiring redaction of non-public information may require a longer time for processing. I will receive notice of the need for an extension and an approximate time when the documents will be available.

**Payment must be made by Cash, Cashier's Check, or Money Order. We do not accept personal Checks.**

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_