

RIESEL POLICE DEPARTMENT

RECORDS REQUEST FORM

REQUESTOR'S NAME: _____

DATE: _____

REQUESTOR'S ORGANIZATION: (News/Media, Insurance Company, Employer, etc.) _____

MAILING ADDRESS: _____

PHONE: _____

EMAIL: _____

This request is made under the Public Information Act, Chapter 552 of the Government Code (formerly V.T.C.S. article 6252) as well as Article I, Sec. 9 of the Texas Constitution, the First Amendment to the United States Constitution, the common law of the State of Texas and any statute providing for public access to government information.

I hereby request the following information currently existing in records at the Riesel Police Department, City of Riesel, Texas. *(Provide details about exactly what type of data and/or documents you wish to receive, including at least 3 identifying factors specific to the inquiry. (Name of party/parties involved, Case Number, Date of Incident, Location of Incident, Vehicles Involved, etc.) Below, clearly describe what you are asking for.*

I wish to receive a copy of any video footage of this incident at a cost of \$16.00 per DVD

I wish to receive copies of the requested information (.10 per page, plus labor if more than one hour)

I wish to access the information for viewing only

In making this request, I understand that the Riesel Police Department is under no obligation to create a document to satisfy my request or to comply with a standing request for information. I further understand that the information will be released in accordance with the Public Information Act, which may require a determination as to confidentiality by the Texas Attorney General prior to release. I further understand that the City of Riesel has ten (10) business days in which to request such a determination and/or to comply with this request.

I understand that I am to receive a statement of estimated charges in advance of work being started when charges are expected to exceed \$40.00. I understand that I may be required to post a cash bond prior to inspecting or receiving copies of the requested information should the estimated cost of complying with the request exceed \$100.00. I certify that I am the individual listed above and understand the statements contained herein.

Signature

Date

104 N. Highway 6 ~ PO Box 249
Riesel, TX 76682



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