CEDAR PARK POLICE DEPARTMENT

Request For Disclosure Of Public Records

Please provide a mailing address at which you may receive correspondence. The City may contact you or respond to a request by mail:

NAME: _____ PHONE: _____

ADDRESS: _____

Street or P.O. Box City State Zip

In accordance with the Texas Public Information Act, Public Information Requests must be submitted in writing. The City will promptly begin processing your request in the order received. Requests should be for records already in existence. The City is not required to answer questions, perform legal research, or comply with a continuing request to supply information on a periodic basis as such information is prepared in the future. The City may, however, ask for clarification of a request if it is uncertain as to what is being requested or to determine if the requestor has a special right of access to confidential information. Please be extremely detailed when describing the information you are seeking. Some records are exempt from disclosure by law. In making this request, you understand that the information will be released only in accordance with the Texas Public Information Act, and the City reserves the right to, and in many cases may be required by law to, seek an opinion from the Texas Attorney General with regard to the release of said information. If an Attorney General's opinion is sought by the City, you will be notified in writing.

DESCRIPTION OF REQUESTED INFORMATION (e.g. Specific details, address, date of the record, etc.):

_____

_____

_____

_____

_____

_____

FOR RECORDS RELATED TO "BLUE FORMED" AUTO ACCIDENTS:

Requestor's Vehicle Description: _____

Make Model License Plate VIN

_____ _____

Signature of Requestor **Date**

Fees associated with this request include but are not limited to: Copy Fees $.10 per page, CD $1.00, DVD $3.00, Labor/Personnel Charges $15.00/hour.

Date Information Available:_____	**I.D. Required for Pick Up: Y N**
Prepared and Released By: _____	**The signature below verifies the above described public record(s) have been provided to the requestor:**
Number of Pages: _____	_____ **Signature of Requestor**
Fee Charged: $_____ ☐ **PAID**	**Date:** _____