



Crandall Police Department
104 E. Trunk St.
Crandall, Texas 75114
(972) 427-3767



Open Records Request Form

Texas Public Information Act (Texas Government Code Chapter 552)

1. Requester Information

Name: _____

Address: _____

City/State/ZIP: _____

Phone Number: _____

Email Address: _____

2. Preferred Method of Contact

Phone Email Mail

3. Records Being Requested

Please provide a clear and specific description of the records you are seeking. Include details such as **dates, times, locations, names**, report numbers, or other identifying information.

Description of Records Requested:

4. Type of Records (Check all that apply)

- Police Report
 Accident Report
 Photographs
 Body-Worn Camera Video*
 In-Car Video
 Other (specify): _____

*** Body-Worn Camera Requests:**

Texas Occupations Code §1701.661 requires the following information:

- **Date of recording:** _____
- **Time of recording:** _____
- **Specific location:** _____

5. Preferred Method of Receiving Records

Email (if available) Pick up in person Mail (additional postage may apply)

6. Agreement to Redactions

Certain information may be confidential by law and will be redacted pursuant to the Texas Public Information Act. Do you agree to receive records with legally required redactions?

- YES**, I agree to receive records with redactions.
- NO**, I do *not* agree to redactions. I understand that if I do not agree, the request **must be sent to the Texas Attorney General's Office for a ruling**, and this may take up to **45 business days** for a determination.

7. Cost Acknowledgment

- I agree to pay all applicable charges.
- Please notify me if charges will exceed \$_____.
- I request a cost estimate before records are produced.

8. Requester Signature

I certify this request is made under the Texas Public Information Act.

Signature: _____

Date: _____