

CRANDALL POLICE DEPARTMENT  
PUBLIC INFORMATION REQUEST

DATE: \_\_\_\_\_

**THE INFORMATION MAY OR MAY NOT BE AVAILABLE AT THE TIME REQUESTED OR MAY NOT BE AVAILABLE FOR PUBLIC INSPECTION. SHOULD THIS OCCUR, THE INFORMATION WILL BE RELEASED AT THE EARLIEST CONVENIENCE.**

PERSON REQUESTING INFORMATION: \_\_\_\_\_  
REPRESENTING FIRM OR COMPANY (if applicable): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

DESCRIPTION OF PUBLIC RECORD(S) BEING REQUESTED: (Be as specific as possible. Failure to provide specific information will result in the delay of fulfilling your request. Please provide all information you have concerning your request.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

You may fax this form to Officer Smith, at 469-447-4130 or mail to P.O. Box 911, Crandall, Texas, 75114

**Cost of Copies**

**50 PAGES OR LESS:** \$0.10 per page  
**51 OR MORE:** \$0.10 per page PLUS an amount that reasonably includes cost of material, labor, or overhead  
**ACCIDENT REPORTS:** \$6.00

**NOTE:** The cost of copies for public information contained in any other format "shall be an amount that reasonably includes all cost related to reproducing the public information, including cost of materials, labor and overhead." Ref:

1998 Texas Open Records Act Handbook - Office of the Attorney General

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**STAFF USE ONLY**

RECEIVED DATE: \_\_\_\_\_

- 1) NOTIFIED READY TO PICK UP/DATE: \_\_\_\_\_
  - 2) COST: \$\_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ INITIALS: \_\_\_\_\_
  - 3) INFORMATION RELEASED & COST PAID: DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ INITIALS: \_\_\_\_\_
  - 4) MAILED: DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ INITIALS: \_\_\_\_\_
  - 5) FAXED: DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ INITIALS: \_\_\_\_\_
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