

Crandall Police Department

**Open Records Request**

P.O. Box 911/104 E. Trunk Street

Crandall, Texas 75114

The form can be send via Email to [openrecords@crandallpolice.com](mailto:openrecords@crandallpolice.com).

**Please fill out the following information to request a record or document from the Crandall Police Department.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Contact Information:

At least one method of contact must be filled in to respond to your request.

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

**I request:**       Inspection Only

Copies of the following records

**SPECIFICALLY, WHAT INFORMATION IS BEING REQUESTED:**

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**TYPE OF REPORT OR NATURE OF INCIDENT:**

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**REPORT NUMBER(S):** \_\_\_\_\_

**NAME OF VICTIM OR REPORTING PERSON:**

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**DATE OF INCIDENT:**

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Edited 07/05/2022