



**CITY OF HALLSVILLE**  
***PUBLIC INFORMATION REQUEST***  
***Police Department***

**NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**PHONE NO.:** (    ) \_\_\_\_\_

**NAME OF FIRM OR COMPANY REPRESENTING (if applicable):** \_\_\_\_\_

**TODAY'S DATE:** \_\_\_\_\_

**TIME OF REQUEST:** \_\_\_\_\_, AM  PM

**INDICATE PREFERENCE: A COPY OR VIEWING/INSPECTING THE RECORD(S):**

**I AUTHORIZE A REDACTED VERSION OF THE RECORD(S) TO BE ACCEPTABLE (ie: Driver's License, Social Security, and Vehicle License Plate number's). Yes  No**

**DESCRIPTION OF PUBLIC RECORD(S) BEING REQUESTED:**

**Date of Incident (If exact date is unknown, please indicate month and/or year):** \_\_\_\_\_

**Incident #:** \_\_\_\_\_

**Person Involved:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand I am responsible for any applicable charges as a result of this open records request.

\_\_\_\_\_  
**SIGNATURE**

***PUBLIC INFORMATION AVAILABILITY***

**THE RECORDS ARE:  AVAILABLE;  IN USE OR IN STORAGE AND ARE NOT IMMEDIATELY AVAILABLE FOR INSPECTION OR COPYING. REQUESTOR WILL BE NOTIFIED WHEN RECORD(S) ARE AVAILABLE.**

**Request Received By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date Submitted to Responsible Party of Records:** \_\_\_\_\_

**Responsible Party of Records:** \_\_\_\_\_

**Action by Responsible Party of Records:** \_\_\_\_\_

**Referred to City Secretary's office to seek an Attorney General's opinion due to: (check all that apply)**

An open pending case

Juvenile involvement

Other (indicate exception) \_\_\_\_\_

**Date Responsible Party Notified Requestor of Availability:** \_\_\_\_\_

**Signature and Date Requestor picked up request:** \_\_\_\_\_

**Responsible Party of Records Signature:** \_\_\_\_\_