CITY OF HALLSVILLE

PUBLIC INFORMATION REQUEST

201 Willow Street, PO Box 899, Hallsville, Texas 75650
Phone: 903-668-2313 Fax: 903-668-3959 E-Mail: citysecretary@hallsville.us

Name of Requestor: _____

Name of Company / Firm (If Applicable):

Mailing Address to Send Records to: _____ _____

City / State / Zip Code: _____ Phone Number: (_____)

Requestor Signature: _____Date Signed:_____

I understand I am responsible for any applicable charges for the requested information

AVAILABLE INFORMATION ON RECORDS BEING REQUESTED:

Case / Report Number: _____ Date & Time of Incident:_____ _____

Location / Street Address of Incident:_____ _____

Name of Involved Person(s) or Officer(s): _____

Any other Information about the requested records (attach additional pages or information if needed):

_____

_____

TYPE OF RECORDS REQUESTED (EXAMPLE: Police Report, Call sheet, Audio, Video, etc.)

_____

INTERNAL USE ONLY:

TENTH BUSINESS DAY DEADLINE (does not apply to large requests)

Date Returned from Police Department:_____

Date Requestor Notified of Availability or Records Mailed Out:_____

Date Requestor Picked Up / Viewed:_____

Requestor Signature: _____ _____ _____