



Little Elm Police Department Request for Information



Date of Request: _____

Phone #: _____

Name of Requestor: _____

Fax #: _____

Address: _____

E-mail Address: _____

Call to Pick Up Records

Email Records

Signature of Requestor: _____

Fax Records

What type of information are you requesting:

- Local Criminal Background Check** (You must come in person and provide a copy of your photo ID.)
- Request for Public Information.** Please provide a detailed description (including **date, address, location, names, report number, type of report, etc.**) of the information you are requesting:

In making this request, I understand the Town is under no obligation to create a record to satisfy my request. I also understand that copies of the information will be released only in accordance with the Public Information Act, and the Town reserves the right to seek an opinion from the Texas Attorney General with regard to the release of information that may be subject to an exception from public disclosure. If an Attorney General's opinion is sought, you will be notified in writing. The Town of Little Elm will make a reasonable effort to produce your records promptly; however the Town has 10 business days by state law to request an Attorney General opinion or notify you in writing when the records will be available. ***If you agree to accept a redacted copy of the requested record, we will provide you with a redacted copy within ten (10) business days from the date of the request.*** You will be notified of any charges before you are provided with your records.

*****INITIAL ONLY ONE BELOW*****

_____ Please redact any information that may be subject to an exception from public disclosure as I waive the right to have the records I have requested sent to the Texas Attorney General for a ruling on disclosure.

_____ I would like a full copy of the requested information. Please forward records that may be subject to an exception from disclosure to the Texas Attorney General for a ruling on disclosure.

OFFICE USE ONLY

Date Received: _____ *Received by:* _____ *Time:* _____

Records to be released entirely: **Y** **N** *Initial:* _____ *Date:* _____

Necessary for Review by City Attorney: **Y** **N** *Date Sent to City Attorney:* _____

Contact with Requestor: _____ *Charges:* _____

I have been provided access to the above described record(s).

Signature of Requestor: _____ Date: _____