



REQUEST FOR PUBLIC RECORDS

**Colleyville Police Department
 5201 Riverwalk Drive
 Colleyville Texas 76034
 817-503-1200
 FAX 817-503-1209**

Date:		Time:	
Name:		Signature:	
Address:		City, State, Zip:	
Home No.:	Daytime No.:	E-Mail:	
In compliance with the Public Information Act, contained in Chapter 552 of the Texas Government Code, please provide the records described below: <i>To avoid delays, please be <u>specific</u> with your request.</i>			

Full report copies are \$2.00 plus \$.10 per page. Information requests requiring research will be subject to a charge of up to \$15.00 per hour.

Do you wish to be notified of the estimated costs for this request? _____ yes _____ no

The City will contact you if this request will take more than ten (10) working days to complete.

Cost: _____

Date request completed: _____ Date Requestor notified: _____

APPROVED BY: _____

Police Chief/Records Manager