



REQUEST FOR PUBLIC RECORDS

**Colleyville Police Department
 5201 Riverwalk Drive
 Colleyville Texas 76034
 817-503-1200
 FAX 817-503-1249**

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 \$.10 a page plus a personnel charge of \$15.00 per hour broken down in increments of \$1.25 per every 5 minutes.

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

The City has up to 10 business days to fulfill this request.

Cost: _____ (# of pages _____, estimated time _____)

Date request completed: _____ Date Requestor notified: _____

APPROVED BY: _____
 Police Chief/Records Manager