



COLLEYVILLE POLICE DEPARTMENT- RECORDS



INSTRUCTIONS

IN-PERSON:

- Complete form and submit to clerk at the Records service window.

EMAIL:

- Complete form and save it to your computer.
- Send as an attachment to an email to: police-records@colleyville.com

FAX:

- Complete form and fax to: **817-503-1249**

MAIL:

- Complete form and mail to:
Colleyville Police Department
ATTN: Records
5201 Riverwalk Drive
Colleyville, Texas 76034

IMPORTANT NOTICES:

The Police Department has **10 working business days** to respond to your request.

FEES ASSOCIATED WITH OBTAINING RECORDS VIA THE PUBLIC INFORMATION ACT:

- \$0.10 per 8 ½ x 11/14 page
- \$0.50 per 11x17 page
- \$5.00 per compact disc
- Press Release \$1.00

All other fees are calculated at \$1.25/5 minutes administration fee plus \$.10 per page.

Generally, if the material requested does not take longer than 10 min to locate or encompass more than 10 pages it can be emailed to you free of charge.

Most reports have a Public Copy available, which provides a summary of the incident. If you require more than the Public Copy, your request will be reviewed within the guidelines and exceptions of disclosure cited in Chapter 552.108 of the Public Information Act. If denied, your request is sent to the Texas Attorney General's office for review and you will receive a copy of the correspondence by mail. The Attorney General's office will render a decision within 45 business days. Submission of your request to the Attorney General does not guarantee records will be released. You may consult your Attorney about requests for confidential material via subpoena.



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REQUEST FOR RECORDS

Public Information Act

DATE: _____

SUBMITTED BY: _____

YOUR ADDRESS: _____

YOUR PHONE NUMBER: _____

YOUR EMAIL ADDRESS: _____

DESCRIBE THE REQUESTED DOCUMENT(S) **PLEASE BE SPECIFIC:**

(i.e. 911 tapes, citation video, offense/incident reports, narrative, call logs, arrest reports, photos/videos)

TYPE OF INCIDENT:

Identity Theft Arrest 911 Call/Service Call Traffic Stop Other

INCIDENT DATE: _____ INCIDENT TIME: _____

ADDRESS OF INCIDENT: _____

PERSONS INVOLVED IN INCIDENT: _____

CASE NUMBER: _____

CHECK ALL THAT APPLY:

I request documents be emailed. I request to view documents. I request a CD.

I request paper copies. I request an estimated cost for this request.

Signature: _____

For Office Use Only:

RECEIVED BY: _____ DATE: _____

COMPLETED BY: _____ DATE: _____

AMOUNT DUE: _____ DATE REQUESTOR NOTIFIED: _____

PICKED UP BY: _____ DATE: _____

AVAILABLE UNTIL: _____