



ROCKWALL POLICE DEPARTMENT PUBLIC INFORMATION REQUEST

205 W Rusk Street, Rockwall TX 75087
(972)771-7725 Fax: (972)7717726

Please Print All Information

Date of Request: _____

Requestor: _____ Phone #: _____

Address: _____

Email: _____

PROVIDE A DETAILED DESCRIPTION OF THE INFORMATION BEING REQUESTED.
INCLUDE TYPE OF INCIDENT(S), NAME(S), DATE(S), TIME(S), & LOCATION(S).

I am requesting information pursuant to the Texas Public Information Act. I understand that the Rockwall Police Department reserves the right to seek an Attorney General's opinion regarding the disclosure of the records requested. I understand that failure to provide a detailed description of the specific information I am seeking may result in a delay in completing my request. I understand that there is a charge for the information that I am requesting. **I understand that the City of Rockwall has 10 business days to complete my request.**

Requestors Signature: _____ Date: _____

FOR DEPARTMENT USE ONLY:

Incident/Case Report:

Incident/Case Number: _____

Videos:

Incident/Case Number: _____

View Video (Body Camera):

(20 business days to complete request)

Incident/Case Number: _____

Date Completed: _____

Processed By: _____

Method requestor was notified records were completed: _____

Total Cost of Records: _____

Date request was sent to City Secretary: _____

Reasons for AG Opinion: _____

Date Letter was sent to AG: _____

The records were picked up on _____ by _____.

Date

Print Name

Signature