

CITY OF BEAUMONT POLICE DEPARTMENT
RECORDS MANAGEMENT

DATE: _____
TO: Custodian of Records, Beaumont Police Department
SUBJECT: Request for Records (other than traffic accident reports) pursuant
to Texas Open Records Act

REQUEST FOR RECORDS MUST BE DETAILED AND SPECIFIC TO ALLOW THE CUSTODIAN OF RECORDS TO IDENTIFY THE REQUESTED DOCUMENTS. IF THE CUSTODIAN IS UNABLE TO SPECIFICALLY IDENTIFY THE REQUESTED DOCUMENTS/RECORDS, IT MAY NOT BE POSSIBLE TO COMPLY WITH YOUR REQUEST. THE REQUESTED INFORMATION MAY NOT BE AVAILABLE AT THE TIME OF YOUR REQUEST BECAUSE IT IS IN ACTIVE USE OR STORAGE. WE WILL ATTEMPT TO MAKE THE MATERIAL AVAILABLE TO YOU ON OR BEFORE _____ BUT NOT LATER THAN TEN (10) DAYS FROM TODAY'S DATE. PLEASE CONTACT US ON THIS DATE TO DETERMINE IF THE MATERIAL IS AVAILABLE.

I, _____ (print full name) hereby submit this written request to the Custodian of Records, Beaumont Police Department for the following records:

Case No. _____ Date of Crime: _____

Location of Crime: _____

Name of Victim: _____

Type of Crime: _____

Specific type of information requested: _____

I HEREBY AGREE TO PAY THE COSTS, AS ESTABLISHED BY THE BEAUMONT POLICE DEPARTMENT, RELATED TO PRODUCING THESE RECORDS, WHICH MAY INCLUDE THE COST OF MATERIALS, LABOR AND OVERHEAD.

Signature

Telephone Number

Address (Street, City, State, Zip Code)