



# 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](mailto: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: \_\_\_\_\_