



DeSoto Police Department

OPEN RECORDS ACT – PROCEDURES

Requestor Name: _____

Date: _____

Address: _____

Phone: _____

NOTICE TO REQUESTOR

Some information you are requesting may be considered confidential or otherwise exempt from the public disclosure requirements of the Texas Public Information Act. We may be able to provide you with a redacted copy of the requested document/report, and, if so, we will do so within ten (10) working days from the date of request. If you wish to have a report with no redactions, we will have to send your request to the Texas Attorney General's Office for evaluation and decision as to what portions of the document/report must be released or withheld. Reports submitted to the Texas Attorney General's Office can take from forty-five (45) days to fifty-five (55) days from the date of request for a decision. Information concerning the reasons for redacted information can be found in Section 552.130 (Motor Vehicles), Section 552.024 (Home address, other info of a Public Official), Section 552.1175 (Personal information of City Personnel), Section 552.136 (Access device numbers), 552.138 (Confidential Information of certain persons) of the Texas Government Code.

CRASH/ACCIDENT REPORT REQUESTOR

Report #, If Known: _____

<input type="checkbox"/> Driver	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Pedalcyclist
<input type="checkbox"/> Passenger	<input type="checkbox"/> Employer of driver	<input type="checkbox"/> Parent/legal guardian of driver
<input type="checkbox"/> Owner of vehicle or property damaged	<input type="checkbox"/> Policyholder /person with financial responsibility for vehicle	<input type="checkbox"/> Insurance company for vehicle or person involved
<input type="checkbox"/> Contracted claims underwriter for insurer/financial responsibility holder	<input type="checkbox"/> Radio/television station that holds FCC license	<input type="checkbox"/> Newspaper (qualified under Section 2051.044, Government Code)
<input type="checkbox"/> Legal Representative of:	<input type="checkbox"/> Other person concerned or having proper interest in accident	<input type="checkbox"/> None of the above (will receive redacted report only)

ALL OTHER REQUESTS

Report #, If Known: _____

Detailed Information: _____

— CHOOSE ONLY ONE —

___ I want redacted copies of the documents/reports that I have requested.

___ I want all of the documents that I have requested and I understand that a decision of the Texas Attorney General will be requested.

I understand that this is an Official Government Document and subject to any criminal or civil penalties for providing false information or documentation to obtain the requested item(s).

Requestor's Signature: _____

For Administrative Purposes Only

Applicable Fees: Certified Document: \$ _____ Labor Fee: \$ _____ CD Disk: \$ _____ Reproduction Fee: \$ _____

Date Record Completed: _____

Record(s) Released to: _____

Record(s) Released by: _____

Notes _____

Number of Copies: _____

Receipt Number: _____