



# ***Kennedale Police Department***

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## **Public Information Request**

Requestor Name \_\_\_\_\_

Date Rcvd: \_\_\_\_\_

Requestor Address \_\_\_\_\_

Rcvd. By: \_\_\_\_\_

Payment Due: \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Pick-up \_\_\_\_\_

Area Code & Phone Number \_\_\_\_\_

Mail \_\_\_\_\_

I, \_\_\_\_\_ am submitting this document as my Open Records Request  
***(PRINT YOUR NAME)***

as stated below. I am submitting specific information as to what is being requested. I understand there is information that may not be disclosed because the Kennedale Police Department complies with Texas State Laws, Texas Government Codes, Public Information and other related laws. I understand there may be a cost for the requested information. I understand depending on what has been requested, the Kennedale Police Department may take up to 10 (ten) business days to reply. Open Records request may be made by Fax, US Mail, in person, by email (records@cityofkennedale.com). A response can only be made with full payment by mail or in person with cash, or money order. The Kennedale Police Department Records Division is located at 401 Municipal Drive, Kennedale, Texas 76060 or you may call (817) 985-2160 ext. 2219 or Fax (817) 483-4949. The lobby hours are 8 am to 5 pm Monday - Friday. The cost for these documents are assessed according to the guidelines set by the General Service Commission of the State of Texas. The following are the cost: \$1.50 for copy of a Offense or Arrest report and \$.10 cents per page for additional copies. Accident Reports are \$6.00 per copy, and each additional copy is \$6.00 (State Mandated Fee). When mailing requests, please include cost for reports and stamped self-addressed envelope.

Requestors Signature \_\_\_\_\_

**What information are you requesting? (PLEASE BE SPECIFIC)**

Type of Report    Accident \_\_\_\_\_  
                          Offense \_\_\_\_\_  
                          Arrest         \_\_\_\_\_

Date of Report        \_\_\_\_\_  
Report Number      \_\_\_\_\_  
*(if known)*

Address were this occurred: \_\_\_\_\_

Name of Reporting Person: \_\_\_\_\_