

CITY OF DAYTON
POLICE DEPARTMENT
REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

PLEASE PRINT ALL INFORMATION:

Every effort is made to expedite all requests for disclosure of public records; however, due to personnel demands and schedules, there are incidents when the disclosure of records may take the time allowed by law.

NAME:	PHONE:
ADDRESS:	CITY STATE ZIP

DATE, NAME & DESCRIPTION OF REQUESTED RECORD:

(For accident reports requestor must have at least two of the following: the name of the party involved, the date and specific address or the highway or street where the accident occurred.)

Date of Request Signature of Applicant Date Received Signature of Receipt

DO NOT WRITE BELOW THIS LINE- OFFICE USE ONLY

STAFF COMMENTS:

PREPARED BY:	DATE DISCLOSED TO REQUESTOR:
FEES: # PAGES:	RELEASED BY:
REVIEWED BY:	FORWARDED TO CUSTODIAN OF RECORDS (date):

Necessary for review by City Attorney: YES NO
 Requires Ruling from Attorney General: YES NO

DATE SUBMITTED TO ATTORNEY GENERAL:
DATE RETURNED FROM ATTORNEY GENERAL:
APPROVED FOR DISCLOSURE BY ATTORNEY GENERAL:

RETURN FORM TO:
 DAYTON POLICE DEPARTMENT
 CUSTODIAN OF RECORDS
 111 N. CHURCH ST.
 DAYTON, TEXAS 77535
 PHONE: (936) 258-7621 FAX: (936) 258-9147