



OPEN RECORDS REQUEST FORM

Please PRINT Information Legibility in BLUE or BLACK Ink

Today's Date: _____

Name (or Business): _____

Mailing Address: _____

Home Phone: _____ Business Phone: _____

Additional #: _____ Fax Number: _____

Email Address: _____

NOTE: All correspondence from the Sachse Police Department and the Texas Attorney General's office will be mailed to the address listed above. Failure to provide a valid mailing address and at least one contact phone number may result in a substantial delay in the processing of your request. Correspondence may be made via email in limited situations.

Information Being Requested: Please **BE SPECIFIC**. Failure to list specific information may result in a delay. Not all fields are required; however, providing more information will help expedite the process. **(More space is available on the back.)**

Report Number(s): _____

Date(s) of Reports(s): _____

Address Involved: _____

Person(s) Involved: _____

Information Requested: (Please use the back of this form if you require additional space for writing).

By my signature below, I acknowledge that the Sachse Police Department has up to ten (10) BUSINESS days (EXCLUDING weekends and holidays) in which to review and respond to my request. I understand that requests for active investigations, reports of suspected child abuse or neglect, reports naming juvenile offenders, reports of sexual offenses, and reports regarding mental health will be forwarded to the City Secretary's office for an opinion regarding the public or private nature of the documents in question.

Cost of Copies
50 Pages or less = 10 pages free, then \$0.10 per page **51 Pages of more** = 10 pages free, then \$0.10 per page PLUS an amount that reasonably includes cost of materials, labor, or overhead.

Signature of Requestor

This form may be FAXED to: (972) 530-8289 or MAILED to the following address:
Sachse Police Department, ATTN: Open Records, 3815 D Sachse Rd., Sachse, TX 75048
Please contact Open Records at (972) 495-2271 with any questions

FOR OFFICE USE ONLY

Received date/time: _____ Printed Name: _____

Referred to City Secretary: Faxed/Scanned to City Secretary: Date/Time: _____ Initials _____

Cost: \$ _____

Date/Time of release: _____ Initials: _____

- Allowed Viewing/Inspection Only
- No Redactions
- AG Authorized Redactions
- AG Notice Provided