



**REQUEST FOR PUBLIC RECORDS
SCHULENBURG POLICE DEPARTMENT**

NAME OF REQUESTOR: _____

ADDRESS: _____

PHONE: _____ ALT. PHONE: _____

I hereby request the Open Records on the following incident(s):

NAME OF INDIVIDUAL(S) INVOLVED: _____

DEPARTMENT CASE/INCIDENT NUMBER(S): _____

DATE(S) OF OCCURRENCE: _____ TIME(S): _____

(If specific date and time are unknown, give a detailed description about the information being requested. Use reverse side if more space is needed.)

SIGNATURE: _____ DATE: _____

DATE REQUEST RECEIVED: _____ DATE COMPLETED: _____

COST \$ _____

(Copies for open records requests are \$0.12 per page. Accident Reports are \$6.00)