



JOSEPHINE POLICE DEPARTMENT REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

P.O. Box 99
Josephine Texas 75164
Phone: 972-843-8085 Fax: 469-717-0082

Please use this form to request records from/for the City of Josephine. 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 full amount of time allowed by law.

PLEASE PRINT ALL INFORMATION

NAME:	PHONE:	
MAILING ADDRESS:		
CITY:	STATE:	ZIP:

To avoid delays in responding, be specific with your request and include names, addresses, inclusive of dates, times and places. Please complete the form below, incomplete requests cannot be filled properly.

DETAILED DESCRIPTION OF REQUESTED RECORD(s):

- (CHECK ONE) (a) ☐ I request paper copies
- **REQUIRED** (b) ☐ I request only to view at City Hall
- (c) ☐ Other (Please explain in detail below)

SIGNATURE OF REQUESTOR x _____

TO BE COMPLETED BY THE RELEASING PARTY/CITY

DATE RECEIVED: _____

DATE DISCLOSED TO REQUESTOR: (DATE/ TIME/NAME) _____

INCIDENT/OFFENSE/ACCIDENT REPORTS UP TO 20 PAGES \$5.00

21-50 PAGES \$5.00 + \$0.10 PER PAGE OVER 50 PAGES \$15.00 PER HOUR + \$0.10 PER PAGE

FEE DUE:\$ _____ FEE PAID:\$ _____ RELEASED BY: _____