



LAKE WORTH POLICE

Public Information Request

ALL REQUESTS MUST BE IN WRITING AND DIRECTED TO THE RECORDS DEPARTMENT BY EMAIL TO ipepper@lakeworthtx.org; OR FAX TO 817-237-2180; OR BY MAIL TO 3805 ADAM GRUBB, LAKE WORTH, TX 76135

In making this request, I understand the City is under no obligation to create a document to satisfy my request or to comply with a standing request for information. I further understand that the information will be released only in accordance with the Public Information Act, which may require a determination as to confidentiality by the Texas Attorney General prior to release. I further understand the information will be promptly released or the requestor will be notified in writing within 10 business days after the request is received.

NAME OF REQUESTER: _____

MAILING ADDRESS: _____

TELEPHONE AND/OR FAX NO. : _____

E-MAIL ADDRESS: _____

SIGNATURE OF REQUESTER: _____ DATE: _____

Pursuant to the Public Information Act, Texas Government Code, Section 552, I hereby request the following information currently existing in the records of the Lake Worth Police Dept.

Date of Incident (if exact date is unknown please specify month and year): _____

Incident Number: _____ Person Involved: _____

(Check one) A. I request copies

B. I request only to view records

PICKED UP BY: _____ DATE: _____

SIGNATURE

Police Use Only:

Date received: _____ Employee receiving information: _____

Date/Dept. forwarded to, if applicable: _____

An Open Pending Case: _____

Juvenile Involvement: _____

Date Released: _____ Released By: _____