

## Grand Prairie Police Department Public Information Request

	Date Rcvd:
Requestor Address	Rcvd by:
	Payment Due:
City, State & Zip	Pickup ○ Mail ○
A C. J. O Dl Nl	DATE NOTIFIED:
Area Code & Phone Number	By I,D:
, am submitting this doc	ument as my Open Records Request
(PRINT YOUR NAME)	
Information that may not be disclosed due to Texas State other mandates. I understand there may be a cost for the what has been requested, the Grand Prairie Police Deput Popen Records request may be made by Fax (972 237-poerson. However, a response can only be made with formatters.	partment may take up to 10 (ten) business days to reply.  8744), Email (PDRECORDS@gptx.org), US Mail and in
Grand Prairie, TX 75052, 2nd Floor or you may call (9 - Friday.	72) 237-8790 The Lobby hours are 8am-4:45pm Monday
The following costs for documents comply with the gu of Texas: .10 cents per page for paper copies of Offen additional \$2.00 to certify any type of report. **Accidentations www.grandprairiepolice.org.	
When mailing requests, please include the cost for rep	ports plus \$1.00 and stamped self-addressed envelope.
Requestors Signature	
What information are you requesting? (Ple	ease be specific)
(11)	
Type of Report: OFFENSE A	RREST OTHER AUDIO VIDEO
** *	ou Know
Date of Report:	Report Number:
•	-
Address where this occurred:	
Name of Reporting person.	
Name of Reporting person:	
Cumments.	