



REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

Please use this form to request records from the City of Pasadena Police Department. Every effort is made to expedite all requests for disclosure of public records; however, due to personnel demand and schedules, there are instances when the disclosure of records may take the full amount of time allowed by law.

Please print all information

Name:	Phone:	Email Address:
Mailing Address:		
City:	State:	Zip:

To avoid delays in responding, be specific with your request and include case numbers, names, addresses, inclusive of dates, time 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) _____ Other (please explain in detail below)

NOTE: Certain exceptions to disclosure of public information exist under the Texas Public Information Act to protect against disclosure of confidential or privileged information.

Signature of Requestor

TO BE COMPLETED BY OFFICE ONLY

Date Received: _____

Date Disclosed to Requestor: (Date/Time/Name) _____

Fee Due: \$ _____ Fee Paid: \$ _____ Released By: _____