

## **Grand Prairie Police Department**

Public Information Request Form	
Requestors Information	Office Use Only
Date:	Rcvd by:
Your Address:	Payment Due:
City, State & Zip:	Pick Up  Mail
<b>Phone Number:</b> ( )	Date Notified:
Email Address:Are you the reporting party: Yes □ No □	By Who I.D
I, am submitting this document as my Open Records Request (PRINT YOUR NAME)  Exclusions: The City is prohibited from releasing some types of information. In an effort to expedite your request, please check the box if you agree to exclude or redact from the requested records the following categories of information: Citizen's Dates of Birth, Driver's License, Social Security Number, Relating to Pending Investigation or Prosecution, Informant information, Body Worn Camera without releases from people in video, License Plates, Criminal History, Victims of Sexual Assault/Harassment, allegations of Child Abuse, Offenses involving Juvenile Suspects and Medical Information.  I agree to exclude this information to expedite this request  Signature	
Please note: Depending on what has been requested, the Grand Prairie Police Department may take up to 10 (ten) business days to reply. Open Records requests may be made by Fax (972 237-8744), Email (PDRECORDS@gptx.org), U.S. Mail and in person. Responses can only be made with full payment received by mail or in person with cash, check, or money order. The Grand Prairie Police Department Records Division is located at 1525 Arkansas Lane, Grand Prairie, TX 75052, 2nd Floor or you may call (972) 237-8790. The Lobby hours are 8:00am-5:00pm Monday – Friday. The following fee for documents comply with the guidelines set by the Attorney General's Office of the State of Texas: .10 cents per page for paper copies of Offense or Arrest reports, \$6.00 for Accident Reports an additional \$2.00 to certify any type of report. **Accident reports are available on line also @ www.grandprairiepolice.org. When mailing requests, please include the cost for reports plus \$1.00 and a stamped self-addressed envelope.  Please provide the following:	
Date of Report: Time: Report Number:	Citation #
Address where this occurred:	

Name of Persons Involved:\_\_\_\_ **Items Requested:**