

# Whitesboro Police Department Record Request

Date: \_\_\_\_\_

Person Requesting Records:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number : (\_\_\_\_) \_\_\_\_\_  
.....

Name of Person Involved in Incident: \_\_\_\_\_

Location of Incident : \_\_\_\_\_

Type of Incident: \_\_\_\_\_

Date(s) of Incident: \_\_\_\_\_

Description of records requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Requesting Records  
.....

Supervisor Approval: \_\_\_\_\_

Records Released by: \_\_\_\_\_

Records Released : \_\_\_\_\_

Date of Release : \_\_\_\_\_  
.....

The City of Whitesboro has ten business days to reply to this request of the above requested records. Request for records may be made in writing at the Police Department anytime, but records will only be released after approval on weekdays between 8:00 AM and 5:00 PM.