

Amarillo Police Department Information / Records Request Form

TO: CUSTODIAN OF RECORDS FOR THE CITY OF AMARILLO POLICE DEPARTMENT

FROM: Name: _____ ID/DL #: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone No. (Home): _____ (Work): _____ (Mobile): _____

Pursuant to Texas Government Code, Ch. 552, I am requesting certain information, specifically:

Non-Public Information: The following information is never public information and will not be released to the public (but, it may be released to the individual to whom it belongs): date of birth, Social Security number, driver's license number, vehicle license plate number, VIN number, and financial account numbers.

OPTIONAL Request for Expedited and Redacted Information: (Check the box for an expedited request)
According to Texas law, we cannot release certain information without first seeking a review by the Texas Attorney General, which takes about 45 days. That information includes, but is not limited to, certain witness, suspect, arrestee, and complainant information; juvenile information; sexual assault information; and child abuse information. If that type of information is included in your request, then we must request an Attorney General opinion before providing any information to you. ***But, if you are willing to modify your request by omitting that type of information, then we can more promptly give you the remainder of the information you have requested without taking the time to contact the Attorney General. If this is acceptable to you, then please check this box, and the Amarillo Police Department will remove any such information from the information you receive.***

CHECK ONE BOX

<input type="checkbox"/>	MADE AVAILABLE TO ME FOR EXAMINATION ONLY. The custodian may schedule an appointment within a reasonable time for my examination of the information. I understand that I must complete my examination within ten days after the date the records are made available to me.
<input type="checkbox"/>	COPIED OR DUPLICATED for me (See back for charges).

CHECK ONE BOX

<input type="checkbox"/>	MAILED to me at the address indicated above. (See back for charges.)
<input type="checkbox"/>	PICKED UP by me or my representative when you advise the information is ready.
<input type="checkbox"/>	FAXED to me at _____

I agree to pay the costs of photocopying, duplication, the labor costs involved in retrieving information that is not readily available or in need of redacting, and the cost of mailing or faxing. In the event the estimated cost to satisfy my request exceeds: (a) \$40.00, then I will receive a detailed statement and the opportunity to narrow my request and if I fail or refuse to narrow my request within 10 business days, then my request is deemed withdrawn; (b) \$100 or if I owe over \$100 in unpaid fees for prior requests, then I understand a deposit may be required prior to retrieval of the information I currently seek.

Except as otherwise indicated above, I understand that the City of Amarillo may withhold information, which is not considered public information under the Texas Public Information Act, as interpreted by the Texas Attorney General or the courts. If it is uncertain whether the information is public or not, the City will request an opinion from the Attorney General. I will get a copy of the City's letter to the A.G. requesting an opinion about my request.

I understand that the City is required to release only information, which currently exists, that is in its possession, and in its current state. The City is not required to compile or create specific information or formats for my use. I understand the City will make the information available as soon as reasonably possible, normally no more than 10 business days. Archived records, voluminous requests, and documents requiring redaction of non-public information may require a longer time for processing. I will receive notice of the need for an extension and an approximate time when the documents will be available.

Signature Required: _____ Date: _____

THIS SIDE TO BE COMPLETED BY CITY PERSONNEL ONLY:

(1) Date City Received:	(2) Date City Responded:
(3) Date Picked Up, if applicable:	(4) Payment info:

CHARGES PER ITEM	NUMBER	TOTAL
Standard-size: Paper Copies (up to 8½ x 14) Microfiche - Paper Copies Motor Vehicle Accident Report	_____ @ \$.10/page _____ @ \$.10/page _____ @ \$6.00/each	\$ _____ \$ _____ \$ _____
Nonstandard-size: Diskette Rewritable CD (CD-RW) Non-rewritable CD (CD-R) Digital video disc (DVD) Other electronic media (Actual Cost) Oversize Paper (larger than 8½ x 14) Specialty Paper (Actual Cost) Photographs (Actual Cost) Other Charges: _____	_____ @ \$1.00/ea. _____ @ \$1.00/ea. _____ @ \$1.00/ea. _____ @ \$3.00/ea. _____ @ \$_____/ea. _____ @ \$0.50/page _____ @ \$_____/page _____ @ \$_____/ea. _____ @ \$_____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Labor charge: For Programming For locating, compiling, reproducing & redacting (More than 50 pages) Overhead Charge – 20% of Labor Charge.	_____ @ \$28.50/hr. _____ @ \$15.00/hr. _____ @ 20%	\$ _____ \$ _____ \$ _____
Computer Resource Charges: Mainframe PC or LAN	_____ @ \$10.00/min. _____ @ \$1.00/hr	\$ _____ \$ _____
Miscellaneous Supplies & Charges: 1) _____ 2) _____ 3) _____	_____ @ \$_____ _____ @ \$_____ _____ @ \$_____	\$ _____ \$ _____ \$ _____
Postage/Shipping Charges:	Actual Cost	\$ _____
TOTAL CHARGES: (No Sales Tax)		\$ _____

Additional Information: