



Floresville Police Department



Please use this form to request records from the Floresville Police Department. In accordance with the Texas Public Information Act, the PD will promptly (e.g., within a reasonable time) produce copies of the requested records to you unless the information is exempt from disclosure.

PLEASE FILL IN ALL INFORMATION

NAME: _____ PHONE: _____
MAILING ADDRESS _____ FAX: _____
CITY: _____ STATE: _____ ZIP: _____

PLEASE PROVIDE A DETAILED DESCRIPTION OF THE REQUESTED INFORMATION: (e.g., name of record requested, specific date of the record of list, time frame sought, etc.):

Case # _____

Date: _____

Description of Public Record(s) being requested: _____

The Floresville Police Department is under no obligation to create a document to satisfy any request or to comply with a standing request for information. The information will be released only in accordance with the Public Information Act, which may require a determination as to confidentiality by the Texas General Attorney General prior to a release. The Floresville Police Department has 10 business days in which to request such a determination.

Signature/Name of Requestor _____ Date: _____

FOR COMPLETION BY CITY ONLY

Date received: _____ Received by: _____ Time: _____

Date of Completion: _____

920 C Street, Floresville, Texas 78114
Office# (830) 393-4055 Fax# (830) 393-3428 Dispatch# (830) 393-2535