## LEONARD POLICE DEPARTMENT

## Request for Disclosure of Public Records

## PLEASE PRINT OR TYPE ALL INFORMATION

Every effort is made to expedite all requests for disclosure of public records; however, due to personnel demands and schedules, there are incidents when the disclosure of records may take the time allowed by law.
Please note that all information from Police records is not open to the public and each request must be considered on a case by case basis.

Name:	Phone:		
Address:	City:	State:	Zip:

## DATE, NAME & DISCRIPTION OF REQUESTED RECORD:

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(For accident reports: HB 399 requires the name of at least one party involved AND either the date or location of the accident.)

Request Date	Signature of Applicant	Date Rec'd	Signature of Recipient	
Date	RETURN FORM TO:	Leonard Police Departme P.O. BOX 1270 LEONARD, TEXAS 75452 (903) 587-2234		
	DO NOT WRITE B	ELOW THIS LINE -	OFFICE USE ONLY	
Staff Comm	nents:			
Prepared B	y:	Disclosure	Date:	
Category: _		ATTY Revie	ew:	
Reviewed E			Ву:	
	(PLEASE RE	MEMBER TO DATE YOUR	SIGNATURE)	

# pages Fee per page

Processing Fee
Total Due