

**KEMP POLICE DEPARTMENT**  
**304 SOUTH MAIN STREET / P.O. BOX 449**  
**KEMP, TEXAS 75143**  
**903-498-8600 OFFICE / EMAIL: KEMPPD@CITYOFKEMP.ORG**

**PUBLIC RECORDS REQUEST FORM**

The Public Information Act (the "Act") requires a request for information to be in writing and only ask for information already in existence. Requests for the City of Kemp Police Department ("PD") may be submitted via: e-mail, mail, or in-person, at the contact information provided above. Under the Act, the PD is not required to create new information, comply with a standing request, answer questions, or perform legal research. Upon receipt of a request, the PD will process it in accordance with the Act, including any required timelines. If the PD determines that a request is overly broad, vague, or the PD is uncertain as to what specific information is being requested, the PD may, in writing, seek clarification from the requestor. **Costs:** The Act authorizes the PD to recover reasonable costs related to retrieving and reproducing public information, including the costs of materials, labor, and overhead. Prior to imposing charges that exceed \$40.00, and before gathering responsive records, the PD must provide the requestor with an itemized cost estimate. For more information on the Texas Public Information Act, visit: [www.texasattorneygeneral.gov](http://www.texasattorneygeneral.gov)

REQUEST DATE: \_\_\_\_\_ REPORT OR CASE NUMBER (if available) \_\_\_\_\_

REQUESTOR'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**REQUESTED INFORMATION:**

OFFENSE REPORT  ARREST REPORT  CALL FOR SERVICE  OTHER/VIDEO

DATE OF REPORT OR INCIDENT: \_\_\_\_\_ ADDRESS OF INCIDENT: \_\_\_\_\_

**PARTIES INVOLVED:**

FIRST NAME	LAST NAME	DATE OF BIRTH

REQUESTOR'S RELATIONSHIP TO PERSON OR INCIDENT IN THE REPORT: \_\_\_\_\_

(To determine a possible right of access)

Describe the specific information you are requesting: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In making this request, you understand that the information will be released in accordance with the Act, and other applicable law. The PD reserves the right to seek a ruling from the Office of the Attorney General with regard to the release of any of the responsive information, if determined it may be exempted from disclosure. You will receive a copy of any correspondence.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**OFFICE USE ONLY**

Information provided: \_\_\_\_\_

\_\_\_\_\_

Released by: \_\_\_\_\_ Method of Payment: cash \_\_\_\_\_ check # \_\_\_\_\_ receipt # \_\_\_\_\_