



Cedar Hill ISD Police Department PUBLIC INFORMATION REQUEST



For Office Use Only

Date Received: _____	Due Date: _____	Received By: _____
Date to Legal: _____	Amount Due: _____	AG Letter Sent: _____
Date Released/Mailed: _____		

Refer to Chapter 552 of the Texas Government Code for information about the rights of a requestor, the responsibilities of a governmental body, and the procedures for inspecting or obtaining a copy of public information.

PLEASE PRINT ALL INFORMATION CLEARLY.

SPECIFICALLY, WHAT INFORMATION IS BEING REQUESTED:

TYPE OF REPORT OR NATURE OF INCIDENT (WHAT HAPPENED):

REPORT NUMBER(S): _____
 NAME OF VICTIM OR COMPLAINANT _____
 DATE(S) OF INCIDENT(S) OR TIME PERIOD REQUESTED: _____

Requested by (your name): _____
 Mailing Address: _____
 City, State, Zip Code: _____
 Home Phone: _____ Cell Phone: _____
 Signature: _____

Request by Fax. Fax your request to 972-293-2395
Request in Person. Drop off your request at the CHISD Police Department, 504 E. Beltline Rd, Cedar Hill, TX 75104
Request by Mail. Mail to Public Information Officer CHISD Police Department PO Box 248, Cedar Hill, TX. 75104

Please allow for 10 business days for request.