Santa Fe Police Department

3650 N FM 646 RD Santa Fe, Texas 77510
Phone - 409-925-2000 Fax - 409-925-4806

PUBLIC RECORDS REQUEST FORM

Date of Request: _____

Requestor's Name: _____ Telephone: _____

Email: _____

Address: _____
Please print complete mailing address and physical address City and State

I understand that:

l) My request is limited to the information in existence at the time and on the day my request is received.

2) The city has no duty to answer questions or create documents to respond to a request pursuant to the Texas Public Information Act, but if I ask a question, the city will make a diligent effort to determine whether there is information responsive to my question in its records and respond.

3) Certain information held by the City may be confidential as a matter of law or may be excluded from public disclosure when applying various provisions of the Texas Public Information Act.

Therefore, to assist in processing your request, please choose by initialing ***EITHER*** *Option A* ***OR*** *Option B* below:

OPTION A - **Initial: _____**, ***I hereby agree to limit the scope of my request*** to only those documents/information contained in the City's records that the City believes is non-confidential and available to the public pursuant to the Texas Public Information Act or any other applicable law. I will accept documents/information with certain information redacted on this basis and consider my request completely fulfilled. I understand that if I am not satisfied with the information provided under this basis, that l can make a new request at any time which includes the redacted information, and the city will seek an opinion of the Texas Attorney General regarding whether the redacted information sought in the new request can be excluded from public disclosure as explained in Option B.

OPTION B - I**nitial: _____, *I do not agree to limit the scope of my request.*** I want all available documents regardless of whether the city considers the information to be confidential or subject to being excluded. I understand that the city has the duty to seek an opinion from the Texas Attorney General's Office, Open Records Division which will consist of the following:

1) A written request for an opinion from the Texas Attorney General by the City within ten **(10)** business days (excluding weekends & holidays recognized by the City) from the date that the City receives my initial request.

2) A written brief sent to the Attorney General's Office within fifteen **(15)** days from the date that the City received my initial request.

3) I might receive a request for clarification of my request if it is vague and ambiguous which will toll (postpone) the deadline for the City's request for an opinion from the Texas Attorney General's Office.

4) A waiting period of up to forty-five **(45)** days for the Attorney General's Office to render an opinion from the date they receive the written brief. I understand that until an opinion is rendered the city cannot fully respond to my request

until a final decision is made by the Texas Attorney General's Office regarding my request. I understand that the Texas Attorney General may rule that the information can or cannot be released and I understand that the City may disagree

with the opinion provided by the Texas Attorney General's Office. In such cases, the city may seek a decision from a Travis County District Court or higher court, before records are released.

I understand that documents/information held by a Court, whether a Justice Court, City Court, or District Court are Judicial Records and are not subject to disclosure pursuant to the Texas Public Information Act. Any request for records made for judicial records will be handled pursuant to the Judicial Records Act and will not be considered a request pursuant to the Texas Public Information Act.

Description of Information Requested: _____

_____

_____

Case Number: _____

Date of Incident: _____

Location of Incident: _____

Requestor's Signature: _____ Date: _____

Office Use:

Date Request Received:_____

STANDARD FEES:

		Number.	*Cost*
Certified copy of report	$2.00 each (additional)	_____	_____
Cost per page standard size up to 8.5" x 14"	$.10 / page	_____	_____
Nonstandard sizes	$.50 / page	_____	_____
Call For Service	$1.00 each	_____	_____
DVD	$3.00 each	_____	_____
Flash Drive	$5.00 each	_____	_____
Other electronic media	Actual Cost	_____	_____
Labor Charge – for locating, compiling, and reproducing	$15.00 per hour.	_____	_____
Overheard Charge	20% of labor charge	_____	_____
Postage	Actual Cost	_____	_____

Total Costs: _____

Notes/Comments:_____

_____

Office Use:

Fees waived in accordance with procedures: Yes ☐ No ☐

Received by: _____ Date: _____

Released by: _____ Date: _____