City of La Porte

Request for Disclosure of Public Records

Please Print 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 full 10 buisness days allowed by law.

Your Name:	Your Phone No:		
Your Address:	City	State	Zip

Attorney General requires at least two of the following:

DATE OF ACCIDENT/INCIDENT,	LOCATION OF ACCIDENT/INCIDENT,	NAME OF PARTIES INVOLVED

X		X	
Date of Request	Signature of Applicant	Date Received	Signature of Recipient

Do Not Write Below This Line -- Office Use Only

Staff Comments:			
Prepared By:			
Pages:	Fees:	Released By:	Date:
Reviewed By Supervisor:		Date of Review:	

Necessary For Review By City Attorney: _____ Yes _____ No
Requires Ruling From Attorney General: _____ Yes _____ No
Date Submitted to Attorney General: _____
Date Returned From the Attorney General: _____
Approved for Disclosure by Attorney General: _____ Yes _____ No

Return Form To:
La Porte Police Department- Records Division
3001 N. 23rd Street
La Porte, TX 77571
Phone : 281/842-3154
Phone : 281/842-3169
Fax: 281/471-1807