

**KEMP POLICE DEPARTMENT OPEN RECORDS REQUEST FORM**  
**304 SOUTH MAIN STREET / P.O. BOX 449**  
**KEMP, TEXAS 75143**  
**903-498-8600 OFFICE / EMAIL: [kemppd@cityofkemp.org](mailto:kemppd@cityofkemp.org)**

**NOTICE TO REQUESTOR**

*In accordance with the Texas Public Information Act ("Act"), Public Information Requests ("Requests"), must be submitted in writing. You may use this form for requests for records from the City of Kemp Police Department ("PD"). Upon receipt the PD will process your request. The PD is under no obligation to create a document in response to your request or to comply with a sanding request for information. The Act does not require the PD to answer questions, or perform legal research. The PD may, however, ask for clarification of a request if it is uncertain as to what is being requested. If a large amount of information is being requested, the PD may discuss with a requestor how the scope of a request may be narrowed. Some PD records are exempt from disclosure by law. For more information on the Texas Public Information Act, visit: [www.texasattorneygeneral.gov](http://www.texasattorneygeneral.gov)*

**REQUESTOR CONTACT INFORMATION** (please print all information)

DATE: \_\_\_\_\_ CASE NUMBER (if available): \_\_\_\_\_  
 REQUESTOR'S NAME: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 TELEPHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**REQUESTED INFORMATION** (please print all information)

**OFFENSE REPORT**  **ARREST REPORT**  **CALL FOR SERVICE**  **OTHER/VIDEO**   
 DATE OR DATE FRAME OF INCIDENT: \_\_\_\_\_  
 ADDRESS INVOLVED OF INCIDENT: \_\_\_\_\_

**PARTIES INVOLVED:** (please print all information)

FIRST NAME	LAST NAME	DATE OF BIRTH

Describe the exact information you are requesting and include details that may help in locating the information in the lines provided below:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

In Making this request, you understand that the information will be released only in accordance with the Act, and the PD reserves the right to seek an opinion from the Texas Attorney General with regard to the release of said information. If an Attorney General's opinion is sought by the PD, you will be notified in writing.

\_\_\_\_\_  
 Signature Date

**OFFICE USE ONLY**

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

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