



University Park Police Department Public Information Request Form

Today's Date: _____

Requestor's Name: _____

Mailing Address: _____

City: _____ State _____ Zip Code _____

Home Phone Number: _____ Work/Cell Number _____

I am requesting information pursuant to Chapter 552, Texas Government Code.

*I understand that the University Park Police Department has **ten (10) business days** to process my request. Requests involving juvenile offenders, active investigations, child abuse, sexual assaults, confidential information, etc. will automatically be referred to the City Attorney for the University Park for further processing.*

*I understand that in lieu of releasing the information, the University Park Police Department may request an opinion from the Open Records Division of the Texas Attorney General's office. **The address listed above will be used in the event the documents are referred to the Open Records Division of the Texas Attorney General's.***

- *Failure to provide specific information will result in the delay of fulfilling your request. Please provide all of the information that you have concerning your request for information.*

Type of incident _____ Date of Incident _____

Service Number _____ Location of Incident _____

Person(s) Involved (victim, suspect, arrestee, etc) _____

Information Requested (be specific)

Preferred Method of Release: Mail ___ Pick Up ___ Fax Number _____

**Mailing Address: University Park Police Department
Records Division
3800 University Blvd.
University Park, TX 75205**

Fax Number: 214-987-5376