



GARY MARTIN
CHIEF OF POLICE

LIBERTY POLICE DEPARTMENT

1906 LAKELAND DRIVE

LIBERTY, TX 77575

PHONE 936-336-5666

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TOM WARNER
CITY MANAGER

OPEN RECORDS REQUEST

TODAY'S DATE: _____

MR/MS/MRS: (YOUR NAME) _____
(CIRCLE ONE)

BUS. OR AGENCY: _____
(IF REQUESTING FOR A BUSINESS OR AGENCY)

ADDRESS: _____

CITY, STATE & ZIP: _____

PHONE/FAX NO: _____

EMAIL ADDRESS: _____

My relationship to the person listed in the report: (Select all that apply)

____ Self ____ I am the parent/legal guardian ____ Legal counsel/attorney.
____ Spouse ____ Employer ____ Other, explain _____

Under the Public Information Act, I request copies of the following:

____ Police Report ____ Photos
____ Call Sheet ____ Clearance Letter

REPORT/CALL SHEET NUMBER: _____

DATE OF OCCURRENCE: _____

OTHER INFORMATION:

(SIGNATURE)

In making this request, I understand that the Liberty Police Department is under no obligation to create a document to satisfy my request or to comply with a standing request for information. I further understand that the information will be released only in accordance with the Public Information Act, which may require a determination as to confidentiality by the Texas Attorney General prior to a release. I further understand that the Liberty Police Department has 10 business days in which to request such a determination.

REQUEST RECEIVED BY: _____
(RECORDS CLERK)

HOW WOULD YOU
LIKE TO RECIEVE
YOUR REQUEST?

____ MAIL
____ PICK UP
____ FAX
____ EMAIL (when
possible)

CERTIFIED: _____

(\$2.00 PER PAGE)

**PLEASE ALLOW 10
BUSINESS DAYS
FOR RESPONSE**

“Committed to Excellence”