

Stephenville, Texas 76401

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www.stephenvillepolice.org

RECORDS REQUEST FORM

Date:	Time:	Time:	
Name:			
Address:			
City:	State:	Zip:	
Number that you can b	e reached at:		
What you are requesti	ng:		
Date Reviewed:			
Approved By:			
Release Date:			
Released To:			
Released By:			

NOTICE: Only documents covered under the Texas Open Records Act will be accessible with this request. All requests will be completed within 10 days unless notified otherwise. Requester will pay any and all fees before receiving items requested.