



# ROCKWALL POLICE DEPARTMENT PUBLIC INFORMATION REQUEST

205 W Rusk Street, Rockwall TX 75087  
(972)771-7725 Fax: (972)7717726

Please Print All Information

Date of Request: \_\_\_\_\_

Requestor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

PROVIDE A DETAILED DESCRIPTION OF THE INFORMATION BEING REQUESTED.  
INCLUDE TYPE OF INCIDENT(S), NAME(S), DATE(S), TIME(S), & LOCATION(S).

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I am requesting information pursuant to the Texas Public Information Act. I understand that the Rockwall Police Department reserves the right to seek an Attorney General's opinion regarding the disclosure of the records requested. I understand that failure to provide a detailed description of the specific information I am seeking may result in a delay in completing my request. I understand that there is a charge for the information that I am requesting. **I understand that the City of Rockwall has 10 business days to complete my request.**

Requestors Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR DEPARTMENT USE ONLY:**

**Incident/Case Report:**

Incident/Case Number: \_\_\_\_\_

**Videos:**

Incident/Case Number: \_\_\_\_\_

**View Video (Body Camera):**

(20 business days to complete request)

Incident/Case Number: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Processed By: \_\_\_\_\_

Method requestor was notified records were completed: \_\_\_\_\_

Total Cost of Records: \_\_\_\_\_

Date request was sent to City Secretary: \_\_\_\_\_

Reasons for AG Opinion: \_\_\_\_\_

Date Letter was sent to AG: \_\_\_\_\_

The records were picked up on \_\_\_\_\_ by \_\_\_\_\_.

Date

Print Name

\_\_\_\_\_  
Signature