Bullard Police Department

JEFF BRAGG
Chief of Police

204 W. Main Street
Bullard, TX 75757
www.bullardtexas.net
police@bullardtexas.net

Office: (903) 894-7788
Fax: (903) 894-3252

Public Information Request Form

Date of Submission:_____

Requestor Information

Name:_____   Phone Number:_____

DL# _____

Email: _____

Address: _____
Street   City   State   Zip Code

Information Requested: *Please be as specific as possible. Failure to provide specific information will result in a delay in fulfilling your request. Please provide all the information you have concerning your request.*

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Terms & Conditions

In accordance with the Texas Public Information Act, I am requesting the following information from the City of Bullard's Police Department. I understand that the Public Information Act only requires the City's Police Department to provide documents that are already in existence when a request for information is submitted. I understand that the City's Police Department is not required to create new information, answer questions, or conduct legal research, and that the City of Bullard's Police Department does not comply with a continuing request to supply information on a periodic basis as such information is collected or prepared in the future.

When submitting a request for information I agree to include enough description and detail about the requested information to enable the City's Police Department to accurately identify, locate the requested information, and, if needed, provide an itemized cost estimate. I agree to cooperate with the City's Police Department reasonable efforts to clarify the type, scope or amount of information requested. I understand that if I do not respond in a timely manner to any written request for clarification or additional information, the request is considered automatically withdrawn.

I understand that I may either inspect the requested information, receive paper copies of the information, or receive the requested information in electronic format. I understand that the City's Police Department will notify me if it is unable to provide the requested information in the preferred format or if due to the amount of information sought, the City's Police Department is unable to produce the requested information within 10 business days.

I understand that the requested information may include information that is confidential by law or that is exempt from required disclosure. I understand that the City of Bullard's Police Department has a duty to protect information that is confidential by law and, in most circumstances, must submit the information I have requested to the Office of the Attorney General for review and a determination about whether the information may be withheld. If the City of Bullard's Police Department submits the requested information to the Office of the Attorney General for review, I will receive a copy of the request from the City of Bullard's Police Department asking the Office of the Attorney General for a determination about whether the information may be withheld. It is my choice to authorize the City's Police Department to withhold information that is confidential by law without the necessity of sending a request to the Office of the Attorney General.

I understand that all requests for information are subject to reasonable charges that include the costs related to reproducing information (see fee schedule attached). I understand that if I do not respond in a timely manner to a written estimate of charges or notice that producing the requested information requires programming or the manipulation of data, the request is considered automatically withdrawn.

Requestor Signature:_____   **Date:**_____