



# McLennan Community College Police Department



## Open Records Request

Requesting copies of records       Requesting to inspect records

### Requestor Information:

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email address \_\_\_\_\_

### Document Information:

Case Number \_\_\_\_\_  
What specific types of records are you requesting \_\_\_\_\_

### If you do not know the case number, please provide as much information as you can below:

Date Reported \_\_\_\_\_  
Location of Incident \_\_\_\_\_  
Involved Persons Names \_\_\_\_\_  
Other details \_\_\_\_\_

Documents may be inspected during regular business hours. Persons inspecting documents may do so only in a designated inspection area.

Persons requesting information shall be directed to follow the procedures outlines in the Open Records Policy (E-XXVII). A fee for copies of records may be charged based on the General Services Commission’s published rates.

By signing below, you verify you have been given an opportunity to review this policy and agree to its provisions.

**Requestor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Person Receiving Records (if different than Requestor) \_\_\_\_\_ Date \_\_\_\_\_

Office Use only:

Approved       Rejected

Approved or Rejected by: \_\_\_\_\_ Date \_\_\_\_\_

Released to requestor by: \_\_\_\_\_ Date \_\_\_\_\_