

Notified request is ready on: _

Request for Public Information (Pursuant to Open Records Act, Article 6252-17a)

Karnes City Police Department accepts Open Records Requests in any written format. This form is intended to be a guide to help expedite requests. This form may also be used to request a copy of an Accident Report. Please e-mail your request to kcpd@cityofkctx.com; or fax your request to 830-780-2391; or mail the completed form to: Karnes City Police Department, Attn: Chief Roel Salas, 211 E. Calvert, Karnes City, TX 78118.

*Name (please print): Company/Organization:		
		ATT: C. I.
*City:	*State:	*Zip Code:
E-Mail Address:		
*Phone Number:	Fax Number:	
Do you want a copy of the document?		Type of document/report?
Yes (fees apply)		Accident Report (\$6.00 per report)
Yes Certified Document? (fees apply	y)	Other (0.10 / page for first 50 pages)
required disclosure (e.g. confidential info Department. The city may not be able to 552) requires a governmental entity to re excepted from required disclosure. The	ormation) is often included in docur o release this information. The Tex equest an open letter ruling from th Attorney General's Office has 45 da al and to expedite this request, plea	pedited request) Please be advised that information excepted from ments held by the City of Karnes City and the Karnes City Police as Public Information Act (codified at Texas Gov't Code Chapter he Texas Attorney General prior to withholding information that type to respond to a request for an open letter ruling. To avoid ase check the box below if you are willing to request and receive held by the City.
records may be redacted to withhold excellimited to: all Social Security numbers, d	epted information (e.g. confidential driver's license numbers, vehicle lice	disclosure as determined by the City. I understand that some information). This excepted information includes, but is not ense plate and VIN, all witness information and suspect, arrested box will avoid submission to the Texas Attorney General for an
*Please provide the type of informat document you seek:	cion or name(s) of the document	, including inclusive dates, if know, regarding the
*Name of document:		
*Date and time incident or inclusive	e dates of document:	
*Address or location of incident:		
*Name(s) of party(s) involved:		
Incident number, if known: NOTE: Police reports are usually no required information	ot available until 5 – 10 busines	s days after the accident/incident occurred. "*" indicates
Signature		Date
Office use only:	Date of	Completion: