



OPEN RECORDS REQUEST

Leander Police Department

705 Leander Drive
Leander TX 78641
(512) 528-2800
(512) 528-2841 Fax

REQUESTOR* _____ DATE _____ TIME _____
BUSINESS/AGENCY* _____
ADDRESS* _____ PHONE _____
CITY* _____ STATE* _____ ZIP* _____

I (WE), THE ABOVE NAMED INDIVIDUAL/BUSINESS, HEREBY REQUEST THE FOLLOWING INFORMATION BE PROVIDED UNDER AUTHORITY OF THE TEXAS OPEN RECORDS ACT. I(WE) UNDERSTAND THAT A FEE(S) WILL BE CHARGED FOR THE SERVICES(S) PROVIDED AND THAT THESE CHARGES FOLLOW ESTABLISHED CITY POLICY AND STATE LAW.

INCIDENT / OFFENSE RECORD

INCIDENT # _____ DATE _____ (OR) FROM _____ TO _____
NAME(S) OF PERSON(S) INVOLVED _____
LOCATION OR ADDRESS OF INCIDENT _____
TYPE OF OFFENSE _____

STATISTICS

WE WILL ATTEMPT TO PROVIDE YOU WITH THE INFORMATION YOU NEED USING AN EXISTING REPORT FORMAT. IF YOU REQUEST DATA THAT IS NOT NORMALLY COMPUTERIZED, IN A FORMAT THAT WILL REQUIRE COMPUTER PROGRAMMING TO PRODUCE, OR HISTORICAL DATA THAT REQUIRES US TO MAKE OFF SITE ARCHIVAL SEARCHES, YOU MAY BE REQUIRED TO PAY FOR THE ACTUAL COST WE INCUR. IN THE EVENT AN ADDITIONAL CHARGE MAY APPLY, WE WILL NOTIFY YOU BEFORE BEGINNING THE JOB.

DATE RANGE FROM _____ TO _____ LOCATION/AREA _____
DESCRIBE THE INFORMATION YOU NEED _____

OTHER REQUEST (Explain)

OFFICE USE	
Due date: _____	
OFFENSE REPORTS / COPIES	
OFFENSE/INCIDENT - 3 PAGES	NO CHARGE
OFFENSE / INCIDENT>3	@ \$0.10/PAGE \$ _____
COMPUTER RESOURCES	
CLIENT /SERVER	@ \$2.20/HOUR \$ _____
PROGRAMMING	@ \$28.50/HOUR \$ _____
PERSONNEL LABOR	
LABOR IN OFFICE	@ \$15.00/HOUR \$ _____
MISC OVERHEAD	@ 20% OF LABOR \$ _____
COPY SERVICES	
8.5 X11 COPIES	@ \$0.10/EACH \$ _____
OTHER COPIES	@ \$0.50/REPORT \$ _____
DVD/CD	@ \$1.00/EACH \$ _____
OTHER SERVICES	
POLICE CLEARANCE LETTER (\$5.00/EA)	\$ _____
REPORT CERTIFICATION (\$2.00/EA)	\$ _____
TOTAL CHARGES \$ _____	
MAKE CHECKS PAYABLE TO CITY OF LEANDER	
PAYMENT: CASH / CHECK / MO / CC	
COMP DATE _____	
COMPLETED BY _____	

SIGN ONLY ONE (1) AREA - IF BOTH AREAS ARE SIGNED, THE REQUEST WILL BE RETURNED TO YOU!

I AGREE TO ACCEPT A REDACTED COPY OF THE REQUESTED DOCUMENT/REPORT, AND UNDERSTAND A REDACTED COPY WILL BE PROVIDED WITHIN TEN (10) WORKING DAYS FROM THE DATE OF REQUEST.

SIGNATURE: _____

I DO NOT WANT A REDACTED COPY OF THE REQUESTED DOCUMENT/REPORT AND AGREE TO WAIT THE REQUIRED **45 TO 55 DAYS** SO THE TEXAS ATTORNEY GENERAL OFFICE CAN ISSUE AN OPINION ON WHAT, IF ANY PORTIONS, OF THE DOCUMENT/REPORT WILL NEED TO BE REDACTED.

SIGNATURE: _____

*YOUR IDENTITY IS NOT REQUIRED FOR AN INFORMATION REQUEST UNDER THE TEXAS OPEN RECORDS ACT. HOWEVER, IF YOU ARE REQUESTING A LOCAL CRIMINAL HISTORY CHECK OR OTHER NAME-DEPENDENT REPORT OR SERVICE, YOUR IDENTITY MAY BE REQUIRED IN ORDER TO FULFILL YOUR REQUEST.