

Groves Police Department
4201 Main Ave. Groves, Texas 77619
Phone (409)962-0244 Fax (409)960-5747

Application for Public Information

Date: _____

Requestors Information:

Name: _____

Address: _____

Phone Number _____

Email: _____

Signature: _____

By signing this form you agree to pay the costs, as established by the Groves Police Department in relation to producing the requested information. These costs may include materials, labor and overhead. The requestor will be advised of estimated charges greater than \$40 and any changes in estimates above 20 percent of the original estimate.

This request for records must be accurate and specific to ensure the release of the correct requested records. Please provide the Custodian of records with as much information as possible to ensure we are able to comply with your request. (Please keep in mind that some information may not be releasable if it is part of an active case, or may be available in a redacted form as it may be confidential by law.) Per the Attorney General the Custodian of Records has ten Business days from the date the request is received to make any releasable material available to you. If the Custodian does not have releasable records available within the ten business days the Custodian will inform the requestor of the delay and provide them with a reasonable date and time for pick up.

Type of Report: ___ Calls for service ___ Offense Report ___ Other

Case Number: _____ **Date of Crime:** _____ **Type of Crime** _____

Location of Crime: _____

Name of Victim: _____

Name of Offender: _____

Other helpful Information:

Office Use Only:

Date Received: _____ **Clerk Received By:** _____ **Time:** _____

Date released: _____ **Were records picked up by Requestor?** ___ Yes ___ No

If records were released to a representative of the requestor document name here: _____

Specific Information released:

