## **GROVES POLICE DEPARTMENT**

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

## gcourt@cigrovestx.com Application for Public Information

**Requestors Information:** 

Name:	Address:	
Phone Number:		
Signature:		
By signing this form you agree to pay the contract these costs may include materials, labor at estimates above 20 percent of the original	osts, as established by the Groves Police Department in relation to pr nd overhead. The requestor will be advised of estimated charges grea	roducing the requested information.
records with as much Information as possil not be releasable if it is part of an active ca the Custodian of Records has ten Business	and specific to ensure the release of the correct requested records. Phase to ensure we are able to comply with your request. (Please keep in section of the	n mind that some information may y law.) Per the Attorney General aterial available to you. If the
Type of Report: Calls for ser	rvice Offense Report Other Case Numl	ber:
Date of Crime: Type	e of Crime Location of Crime:	
Name of Victim:	Name of Offender:	
Specific information you are rec	questing:	
For any car/bodycam video reco	ording requests, you must include exact names of p that have/had occurred.:	person(s) involved, dates,
	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 rep	presentative of the requestor document name here:	
Specific Information released:		
SIGNATURE:		