

**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:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date of Request:** \_\_\_\_\_

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.

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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: \_\_\_\_\_

Specific information you are requesting:  
\_\_\_\_\_  
\_\_\_\_\_

**For any bodycam/car footage the following information is required under Texas Occupations code, Section 1701.611: names of person(s) involved, dates, times, and the specific location where the recording occurred. *The City must have written authorization from the person who is the subject of the video footage if: (a) video was recorded in a private place; or (b) involves investigation of conduct of a fine only offense.***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_