

**GROVES POLICE DEPARTMENT
REQUEST FOR PUBLIC INFORMATION**

All requests must be submitted in writing and addressed to the Groves Police Department at (1) 4201 Main Avenue, Groves, TX 77619, (2) fax (409)960-5747, or (3) email gcourt@cigrovestx.com. Most requests will be fulfilled within 10 business days, or you will be notified if otherwise.

REQUESTOR CONTACT INFORMATION

Name: _____

Mailing Address: _____

City _____ State _____ ZIP Code _____

Telephone: _____ Fax: _____

Email Address: _____



DESCRIPTION OF INFORMATION REQUESTED

Please be as detailed as possible and note that you can only request existing records, no creation of records will be performed. For body-worn cam footage, must provide the following information under the Texas Occupations Code, Section 1701.611: the date and approximate time, the specific location where the recording occurred, and the name of the person(s) known to be a subject of the recording. **The City must obtain written authorization from the person who is the subject of the recording if it was made in a private space or in connection with a fine-only misdemeanor.**

REQUESTOR CERTIFICATION

By submission of this document, I am requesting the information described above and certify that I understand some records may be subject to non-disclosure under the Texas Public Information Act, Government Code Chapter 552, and other laws. As provided by the Texas Administrative Code, I acknowledge the following fees: standard paper copy - \$.10/page, other electronic media - actual cost, body-worn cam video - \$10.00 per recording, and other video-related fees may apply. All requests of 51 pages or more will be charged labor and overhead fees. In some instances, a deposit for payment may be required.

Signature of Requestor: _____ **Date:** _____

FOR OFFICE USE ONLY

Date Received: _____ **Contact Made:** _____

Notes: _____

Date released: _____ **Amount Paid:** _____ **Name:** _____

Notes: _____

