

# CITY OF RICE POLICE DEPARTMENT

305 N. Dallas St.  
P. O. Box 97  
Rice, Texas 75155

Charles Parson, Chief of Police

Telephone: (903) 326-4146  
Fax: (903) 326-7426

## APPLICATION FOR INFORMATION UNDER TEXAS OPEN RECORDS ACT

**To: RECORDS MANAGEMENT COORDINATOR**

305 N. Dallas St., Rice, Texas 75155  
903-326-4146 or Email to [ricepd@ricetx.gov](mailto:ricepd@ricetx.gov)

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Documents requested: \_\_\_\_\_

**Provide as much information as possible to accurately describe the information and/or document(s) you are requesting, please use the back of this form for additional space if needed.**

**Each record requested cost \$6.00 (Over 50 pages additional fees apply)**

NOTE: Certain exceptions to disclose exist under the Texas Open Records Act to protect against the disclosure of confidential or privileged information. If it appears that an exception to disclosure exists, an opinion will be sought from the Attorney General's Office within ten (10) days from receipt of request.

Applicants Signature: \_\_\_\_\_

### **Information below is for Official use only:**

Record Request received: \_\_\_\_\_ in person \_\_\_\_\_ by mail \_\_\_\_\_ by email \_\_\_\_\_ by fax

\_\_\_\_\_ Request approved \_\_\_\_\_ Request denied

Documents Released: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Record Request submitted to applicant via: \_\_\_\_\_ Mail \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_ in person

\_\_\_\_\_ Number of Pages \_\_\_\_\_ Thumb Drive \_\_\_\_\_ Hours worked

**AMOUNT DUE:** \_\_\_\_\_ Requestor paid \$ \_\_\_\_\_ via \_\_\_\_\_ Cash/ \_\_\_\_\_ Check # \_\_\_\_\_ / \_\_\_\_\_ M.O.

Name of Person who picked up information:

(Print) \_\_\_\_\_

(Sign): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ PENDING AN OPINION FROM THE TEXAS ATTORNEY GENERAL'S OFFICE

\_\_\_\_\_ Date Sent to A.G. Office

**OFFICIAL SIGNATURE:** \_\_\_\_\_

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