



RICHLAND POLICE DEPARTMENT RECORDS REQUEST FORM

City of Richland | Department of Police | 103 West Main Street | P.O. Box 179 | 76681
CITY 903.362.3707 | POLICE 430.360.1109 | police@richlandtexas.org | www.richlandtexas.org

DATE OF REQUEST: _____

Mr. Mrs.

Ms. Dr.

BUSINESS OR AGENCY: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

PHONE NUMBER: _____

DATE OF INCIDENT: _____

TIME OF INCIDENT: _____

RPD CASE NUMBER: _____

TxDOT CRASH ID: _____

REQUESTS FOR DISPATCH RECORDS MUST BE DIRECTED TO THE NAVARRO COUNTY SHERIFF'S
OFFICE, WHO PROVIDES COMMUNICATION SERVICES FOR THE RICHLAND POLICE DEPARTMENT

TYPES OF RECORDS BEING REQUESTED

- | | | |
|--|---|---|
| <input type="checkbox"/> Crash Photos | <input type="checkbox"/> Crime Scene Photos | <input type="checkbox"/> Investigative File |
| <input type="checkbox"/> Crash Report | <input type="checkbox"/> Dash Camera | <input type="checkbox"/> Incident Report |
| <input type="checkbox"/> Arrest Report | <input type="checkbox"/> E-Mails | <input type="checkbox"/> Personnel File |

OTHER REQUESTED RECORDS: _____

BODY-WORN CAMERA REQUESTS

TEX. OCC. CODE 1701.661: Release of information recorded by body worn camera: a member of the public is required to provide the following information when submitting a written request to a law enforcement agency for information recorded by a body worn camera: (a) date and approximate time of recording, (b) specific location where the recording occurred and (c) name of one or more persons known to be a subject of the recording.

THE RETENTION PERIOD FOR ALL MEDIA IS 90 DAYS

DATE OF RECORDING: _____

APPROXIMATE TIME OF RECORDING: _____

LOCATION OF RECORDING: _____

Name of one or more persons known to be a subject of the recording: _____

YOUR RELATIONSHIP TO THE PERSON OR INCIDENT:

- | | | |
|--|--|---|
| <input type="checkbox"/> Self | <input type="checkbox"/> Parent/Legal Guardian | <input type="checkbox"/> Legal Counsel/Attorney |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Media | <input type="checkbox"/> Other Relative |
| <input type="checkbox"/> Courier/Records Service | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Other |

For "Legal Counsel/Attorney" or "Parent/Legal Guardian", please provide client or child's name:

PREFERRED METHOD TO RECEIVE DOCUMENTS:

- Digitally Mail On-Site Inspection In-Person Retrieval

This form is an attempt to simplify the records request process, including requests for criminal offense records. In disseminating this information, we must also comply with current laws that regulate the release of potentially sensitive and confidential information. To ensure that privacy concerns are protected and legal standards are met, report data is "filtered" prior to being made available to the public. Among the exclusions are:

- Sexually oriented offenses
- Offenses where juveniles or children (individuals under 17 years of age) are the victim or suspect
- Reference to individuals considered suspects and witnesses
- Listing of property items that are considered evidence
- Social service referral offenses
- Identifying vehicle information in certain offenses

Individuals who believe that additional or more complete information disclosure is warranted are encouraged to submit an open records request, pursuant to state law.

