



Lancaster Records Department



I _____, do hereby request the following records:
Name of Requestor (Please Print)

Requestor's Signature: _____ Date: _____ DOB: _____

Requestors Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____ Email: _____

Police Record Request(s): Report/Incident Number(s):		Incident Date:
<input type="checkbox"/> Accident Report (\$6.00)	<input type="checkbox"/> Event Report (\$ 0.10 per page)	<input type="checkbox"/> Incident/Offense Report (\$ 0.10 per page)
<input type="checkbox"/> Arrest Report/Release	<input type="checkbox"/> 911 Recording (Record retention 30 days ONLY)	<input type="checkbox"/> Video/Audio Recording from Police Vehicle (Record retention 90 days ONLY)
Crime Statistics for: <input type="checkbox"/> MRA <input type="checkbox"/> Council District <input type="checkbox"/> Other	<input type="checkbox"/> Clearance Letter (Lancaster Citizen background check) (\$2.00)	<input type="checkbox"/> Other Services Certified (\$2.50/\$2.00 Accident Report)
<input type="checkbox"/> EPO	**See second page for Body Worn Camera Requests**	

Public Information Request: I am requesting the following records of the City of Lancaster:

Request Detail: _____

Fire Record Request(s):

Incident Address -or- Location(s): _____

Fire Incident Date: _____

All Medical Records Requests are processed solely by Emergicon. Call 972-602-2060 Ext. 475 or 1-877-602-2060. You may visit the Emergicon website www.emergicon.com for additional information.

All Attorney Requests are processed by Chartswap www.chartswap.com enter the EMS Service as the Provider

Check All That Apply:

<input type="checkbox"/> I request documents to be emailed	<input type="checkbox"/> I request an estimated cost for this request	<input type="checkbox"/> I request paper copies
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You may email completed request form to records@lancaster-tx.com or fax to (972) 218-3601. You may also deliver the form to the Records Department or mail to the Public Safety Building, 100 Craig Shaw Memorial Pkwy Lancaster, TX 75134. For questions, contact the Record's Department at (972) 218-2701- A fee schedule is printed on opposite page. Emailing or viewing the documents instead of requesting reproduction may reduce fees.

GovQA #:



Open Records Request - Body Camera Recordings

Requestor Name: _____ Address: _____

Date: _____ Phone #: _____ Report or Event #: _____

The Occupations Code section 1701.661 requires all of the information requested below submitted by the requestor for body camera recordings (items marked with *). Failure to provide all of the information required is cause to deny fulfillment of the request. Further, the law enforcement agency may withhold information that is or could be used as evidence in a criminal prosecution or that is subject to any exceptions to disclosure under the law, or is considered confidential. No portion of a recording may be released that is made in a private space. A recording may not be released involving the investigation of conduct that constitutes a misdemeanor punishable by fine only and does not result in arrest, without written authorization from the person who is the subject of that portion of the recording or, if the person is deceased, from the person's authorized representative. The agency has twenty (20) working days to fulfill this request.

*Date and approximate time of the recording: _____

*Specific location where the recording occurred: _____

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

I understand that this is an Official Government Document and subject to any criminal or civil penalties for providing false information or documentation to obtain the requested item(s). **Further, I acknowledge that there is a charge of \$10.00 per recording for this request and an additional fee of \$1.00 per full minute of body worn camera video or audio footage.**

PUBLIC INFORMATION Request CHARGES

The charges in this section are to cover the materials onto which information is copied and do not reflect any additional charges, including labor, that may be associated with a particular request. The charges for nonstandard copies are:

- (A) Copies, standard paper copy \$0.10
- (B) Rewritable CD (CD-RW) \$1.00
- (C) Non-rewritable CD (CD-R) \$1.00
- (D) Digital video disc (DVD) \$3.00
- (E) Body Worn Camera \$10.00 per recording and \$1.00 per full minute per recording
- (F) Accident Report \$6.00
- (G) Certified Accident Report \$6.00 -or- Certified Attestation \$2.50

NOTICE TO REQUESTOR

Some information you are requesting may be considered confidential or otherwise exempt from the public disclosure requirements of the Texas Public Information Act. We may be able to provide you with a redacted copy of the requested document/report, and, if so, we will do so within ten (10) working days from the date of request. If you wish to have a report with no redactions, we will have to send your request to the Texas Attorney General's Office for evaluation and decision as to what portions of the document/report must be released or withheld. Reports submitted to the Texas Attorney General's Office can take from forty-five (45) days to fifty-five (55) days from the date of request for a decision. Information concerning the reasons for redacted information can be found in Section 552.130 (Motor Vehicles), Section 552.024 (Home address, other info of a Public Official), Section 552.1175 (Personal information of City Personnel), Section 552.136 (Access device numbers), 552.138 (Confidential Information of certain persons) of the Texas Government Code.

Section 552.221(e) of the Government Code provides:

A request may now be considered withdrawn if, after the 60th day, the requestor does not appear to inspect the information, fails to pick up the information, or fails to pay any applicable charges for the information.