



STAFFORD POLICE DEPARTMENT

2702 South Main Street
Stafford, Texas 77477-5599
PHONE: (281) 261-3950
FAX: (281) 499-9744

Record Release Form

Date of Request: _____

Requestor(s) Information:

Name: _____ Business Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Fax: _____

E-mail: _____

Item(s) Requested (Please fill out as much as information as available):

Case #: _____ Date of Report / Date Range: _____

Report / Offense Location: _____

Specific Documents or Items Requested: _____

Person(s) Involved: _____

I agree to the City redacting information that has been deemed confidential by law; driver's license and identification numbers, motor vehicle information, dates of births, policy numbers, serial numbers, social security numbers, etc. The information that may be released includes the Event Report, Press Report, Victim Page and / or Suspect Page, Property Page, and / or Vehicle Page.

If you do not agree to the redacting of the confidential information or require more information than what the department is authorized to release, your request will be processed as a public information request (governed by Texas Government Code Chapter 552). **Reports of a sensitive nature or those that involve juveniles, will be processed as a public information request.** A response will be received from this department or the City Attorney's Office **within 10 business days.**

I hereby release the Stafford Police Department from any and all liability whatsoever, which might result from the furnishing of this report.

Signature of Requestor: _____ Date: _____

Identification Number: _____ State: _____ Type of ID: _____