

# OPEN RECORDS REQUEST FORM

Irving Police Department  
Records Department  
305 N. O'Connor Rd  
Irving, Texas 75061  
Telephone (972) 721-2437  
Fax (972) 721-3635  
Open Records email address:  
IPDRecordReq@cityofirving.org  
Department website, please visit [www.cityofirving.org/662/Police-Department](http://www.cityofirving.org/662/Police-Department)

**(PLEASE PRINT)**

TODAY'S DATE: \_\_\_\_\_

MR/MS/MRS: (YOUR NAME) \_\_\_\_\_  
(CIRCLE ONE)

BUS. OR AGENCY: \_\_\_\_\_  
(IF REQUESTING FOR A BUSINESS OR AGENCY)

ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

My relationship to the person listed in the report: (Select all that apply)  
\_\_\_ Self \_\_\_ I am the parent/legal guardian \_\_\_ Legal counsel/attorney  
\_\_\_ Spouse \_\_\_ Employer \_\_\_ Other, explain \_\_\_\_\_

Under the Public Information Act, I request copies of the following:

\_\_\_ Police Report \_\_\_ Accident Report \_\_\_ Photos  
\_\_\_ 911 Call Sheet \_\_\_ 911 Audio  
\_\_\_ Dash-Camera \_\_\_ Body-Camera(Please fill out separate body camera form)

REPORT/SEQUENCE NUMBER: \_\_\_\_\_

DATE OF OCCURRENCE: \_\_\_\_\_

OTHER INFORMATION:

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Sincerely,

REQUEST RECEIVED BY: \_\_\_\_\_  
(Records Clerk)

\_\_\_\_\_  
(SIGNATURE)

HOW WOULD YOU  
LIKE TO RECIEVE  
YOUR REQUEST?

\_\_\_ MAIL  
\_\_\_ PICK UP  
\_\_\_ FAX  
\_\_\_ EMAIL (when  
possible)

CERTIFIED: Y / N  
(\$2.00 PER PAGE)

PLEASE ALLOW 10  
BUSINESS DAYS  
FOR RESPONSE