



STAFFORD POLICE DEPARTMENT

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

OPEN RECORDS REQUEST

Date of Request: _____

Requestor(s) Information:

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: _____

Person(s) Involved: _____

Additional Information: _____

Signature of Requestor: _____

Note: A response will be received from this department, the City Attorney and / or the Attorney General's Office **within 10 business days**. There may be a charge for this service. If that charge exceeds \$40, you will be notified prior to the processing of this request.

Office Use Only

Date Received: _____ Received by: _____

Notes: _____
