



Bi State Criminal Justice Center Central Records and Communications

“Advancing the missions of the Texarkana Police Department, the Texarkana Fire Department & the Bowie County Sheriff’s Department”

100 North State Line Avenue, Box 15
Texarkana, USA 75501-5666
(903) 798-3181 Fax: (903) 793-3664

Texas Public Information Act Request

Please Print Legibly

Date _____

Requestor Information

First Name _____ Last Name _____
Address _____
City _____ State _____ Zip Code _____
Email _____ Phone _____

Requested Information

Date or Date Range _____
Type of Incident _____ Incident Number _____
Address of Incident _____
Names of People Involved _____
Information Requested (i.e. Police Report, 911 Audio, et.) _____

Disclosure

Some information you are requesting may be considered confidential or otherwise accepted from the public disclosure requirements of the Texas Public Information Act. If you agree to accept a redacted copy of the requested record, we will provide you with a redacted copy within ten (10) working days from the date of the request. If you wish to have a record with no redactions, the department may, by law, request a ruling by the Texas Attorney General’s Office on whether all, or parts, of your request is reasonable. Records submitted to the Texas Attorney General’s Office can take forty-five (45) working days or longer, from the date of the request, before a ruling is provided.

____ I acknowledge and waive the right to have the record I have requested sent to the Texas Attorney General’s Office for a ruling on disclosure.

____ I wish to have the documents I have requested sent to the Texas Attorney General’s Office for a ruling on disclosure.

Office Use Only

Date Received _____ Received By _____
Date Completed _____ Amount \$ _____
Date Picked-Up _____ Receipt # _____ Released By _____