



# San Angelo Police Department

## Request for Public Information

<b>Requestor Name:</b>					
<b>Street Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>	
<b>Telephone Number:</b>					

Please supply as much of the following information as possible:

<b>Type of Information Requested:</b>			
<b>Please Choose One:</b>			
<input type="checkbox"/> I would like copies of this information			
<input type="checkbox"/> I would like to inspect this information only			
<b>Date(s) of Occurrence:</b>			
<b>Location(s) of Occurrence:</b>			
<b>Name(s) of Individual(s) Involved:</b>			
<b>Type of Incident(s)</b>			
<b>Date / Time Requested:</b>			
<b>Requestor Signature:</b>	✗		

For Office Use Only:		
<b>Date / Time Received:</b>		
<b>Department:</b>	San Angelo Police Department - Records Division	
<b>Employee Signature/ PIN #:</b>	✗	
<b>Case Numbers (s):</b>		
<b>Detective Assigned?</b>	<b>Was the information located?</b>	<b>Is the information releasable?</b>
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
<b>Notes:</b>		