



# Southwestern Baptist Police Department

4540 James Ave, Fort Worth, TX 76115  
Phone: 817.921.8888 | 1.800.SWBTS.01  
Fax: 817.921.8756



## OPEN RECORDS REQUEST FORM

**(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 \_\_\_ Husband \_\_\_ Wife \_\_\_

Sibling \_\_\_ Other, explain \_\_\_\_\_

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

- |  |   |                        |
|--|---|------------------------|
| ___ Offense Report   | ___ Accident Photos                                 | ___ Crime Scene Photos |
| ___ Arrest Report  | ___ Accident Report                                 | ___ Prosecution Report |
| ___ Investigative File                                       | ___ 911 Call Sheet                                  | ___ IAD Files          |
| ___ Dash-Camera  | ___ 911 Audio & Service Desk Audio (if transferred) |                        |
| ___ Body-Camera ( ___ Guidelines Met ___ Guidelines Not Met) |   |                        |

**SERVICE (REPORT) NUMBER:** \_\_\_\_\_

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

**IF REQUESTING AN OFFENSE REPORT, EXPLAIN WHAT TYPE?**

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Sincerely,

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

**REQUEST RECEIVED BY:** \_\_\_\_\_

(Open Record Team Member)