GARLAND POLICE DEPARTMENT OPEN RECORDS REQUEST

DATE OF REQUEST:		
Information about person making request for records:		
NAME:		
DATE OF BIRTH:		
DL / ID NUMBER:		
ADDRESS:		
CITY, STATE, ZIP:		
PHONE NUMBER:		
Please describe the records you are requesting. Please include report names with dates of birth; location; date of occurrence or time period		.)
Signature of person requesting records:		

LEAVE THIS AREA BLANK