



# PUBLIC INFORMATION REQUEST

## Open Records Request for Accident, Offense, and Arrest Reports

### SUBMISSION OPTIONS

- **Fax** 817-483-4949 (ATTN: Pam White)
- **Mail** (address at right; include money order for cost of report(s) and a self-addressed stamped envelope; call with questions)
- **In Person** (address and hours at right)
- **Email** [pwhite@cityofkennedale.com](mailto:pwhite@cityofkennedale.com)

### COSTS

- **Offense or Arrest Report:** \$1.50 per report + \$0.10 per page for additional copies (pricing for computer usage and printing costs set by the [Attorney General of Texas](#))
- **Accident Report:** \$6.00 per copy (state mandated fee; see [Transp. Code § 550.065\(d\)](#))

### PAYMENT OPTIONS

- **Money Order** (in person or via mail)
- **Cash** (in person only)

### Kennedale Police Department

Records Division  
401 Municipal Drive  
Kennedale, TX 76060  
<http://cityofkennedale.com/kpdrd>  
817-985-2160, ext. 2219  
Fax 817-483-4949

### Hours

8:00 a.m. to 5:00 p.m.  
Monday – Friday

I, \_\_\_\_\_, am submitting this document as an

P R I N T   Y O U R   N A M E

Open Records Request regarding the information detailed below. I understand the following:

- Some information that may not be disclosed because the Kennedale Police Department complies with Texas State Laws, Texas Government Codes, the Public Information Act and all other related laws.
- There may be a cost associated with receiving the requested information.
- Depending on what has been requested, the Kennedale Police Department may take up to 10 (ten) business days to reply.
- My request will not be filled until payment is made in full.

What information are you requesting? (Please be specific.) \_\_\_\_\_

Type of Report:     Accident     Offense     Arrest    **Report Number (if known):** \_\_\_\_\_

Date of Report: \_\_\_\_\_    **Reporting Person:** \_\_\_\_\_

Address of Incident: \_\_\_\_\_

How do you wish to receive your report?     PICK-UP     MAIL     EMAIL

Requestor Name: \_\_\_\_\_

Requestor Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_    Email: \_\_\_\_\_

Signature: \_\_\_\_\_    Date: \_\_\_\_\_

### F O R I N T E R N A L U S E O N L Y

DATE OF REQ.: \_\_\_\_\_

REQ. RCVD. BY: \_\_\_\_\_

DATE FILLED: \_\_\_\_\_

PAYMENT DUE: \_\_\_\_\_

PAID IN FULL?     YES    DATE: \_\_\_\_\_

PAYMENT RCVD. BY: \_\_\_\_\_