



CITY OF NIXON  
POLICE DEPARTMENT

PH. 830-582-1395      FAX 830-582-1341

### OPEN RECORDS REQUEST

Name of requestor: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**KNOWN REPORT INFORMATION**

Case Number: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Location: \_\_\_\_\_

Person(s) Involved: \_\_\_\_\_

Other: \_\_\_\_\_

Reports are \$6.00 (plus \$10 with DVD)

Please allow up to TEN business days to process.

Office Use Only:

Date Paid: \_\_\_\_\_ Initials: \_\_\_\_\_