



Longview Police Department

Application for Public Records

To the Custodian of Public Records:

I, \_\_\_\_\_, do hereby make application for inspection/duplication of the following public records of the City of Longview, Texas:

Victim: \_\_\_\_\_
Suspect: \_\_\_\_\_
Involved Parties: \_\_\_\_\_
Location: \_\_\_\_\_
Date: \_\_\_\_\_
Type of Report: \_\_\_\_\_

Signature: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Telephone: \_\_\_\_\_
Date: \_\_\_\_\_

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Please Choose ONE of the following:

I agree to accept these records as in, with all confidential information removed or blacked out by the City Of Longview.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I request that the City of Longview seek an opinion from the Attorney General of Texas as to the confidentiality of the information that has been removed or blacked out

Signed: \_\_\_\_\_ Date: \_\_\_\_\_