



# PUBLIC INFORMATION REQUEST

Portland Police Department  
1902 Billy G Webb Dr.  
Portland, TX 78374  
361-777-4444 (361)777-4445 (Fax)  
www.portlandtx.com

UNDER THE TEXAS PUBLIC INFORMATION ACT (formerly known as Open Records Act) A PERSON MUST SUBMIT A WRITTEN REQUEST. IN MOST CASES A REQUEST IS PROCESSED AT THE TIME IT IS RECEIVED. VARIOUS FACTORS MAY AFFECT PROCESSING TIME. IF YOUR REQUEST CANNOT BE MET WITHIN TEN (10) BUSINESS DAYS (excluding weekends and holidays) YOU WILL BE NOTIFIED WITH A REASONABLE DATE OF EXPECTANCY.

## REQUESTOR

[ \* REQUIRED FIELDS ]

SELECT PREFERRED CONTACT METHOD:  PHONE  EMAIL  MAIL

NAME\*: (Party making request) \_\_\_\_\_ DATE\*: \_\_\_\_\_ TIME\*: \_\_\_\_\_

BUSINESS/AGENCY NAME\*: (If Applicable) \_\_\_\_\_

ADDRESS\*: \_\_\_\_\_ CITY\*: \_\_\_\_\_ ST\*: \_\_\_\_\_ ZIP\*: \_\_\_\_\_

PHONE\*: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**Check All That Apply:**  **COPIES - REPORT**  **OTHER REQUEST** (Statistics, etc., Explain)  
PROVIDE AS MUCH SPECIFIC INFORMATION AS POSSIBLE TO IDENTIFY AND LOCATE THE REQUESTED ITEM. INFORMATION IS PROVIDED IN AN EXISTING FORMAT. IF YOU REQUEST DATA THAT IS NOT NORMALLY COMPUTERIZED, THAT WILL REQUIRE COMPUTER PROGRAMMING, OR HISTORICAL DATA, YOU MAY BE REQUIRED TO PAY FOR THE ACTUAL COST WE INCUR. I UNDERSTAND SOME INFORMATION MAY BE REDACTED TO WITHHOLD EXCEPTED INFORMATION. (e.g. confidential information)

CASE#: \_\_\_\_\_ DATE: \_\_\_\_\_ ( or ) FROM: \_\_\_\_\_ TO: \_\_\_\_\_

NAME OF PERSON(S) INVOLVED: \_\_\_\_\_

LOCATION/ADDRESS OF INCIDENT: \_\_\_\_\_

DETAILS OF REQUEST / OTHER REQUEST INFO: \_\_\_\_\_

**Check All That Apply:**  **LOCAL CRIMINAL HISTORY**  **TRAVEL/CLEARANCE**  **FINGERPRINTS**  
CLEARANCE LETTERS AND LOCAL BACKGROUND CHECKS ARE BASED ONLY THROUGH THE CITY OF PORTLAND POLICE DEPARTMENT. BECAUSE OF PRIVACY CONSIDERATIONS, YOU CANNOT OBTAIN A CLEARANCE LETTER FOR ANYONE BUT YOURSELF. PROOF OF IDENTITY MUST BE PRESENTED.

FULL LEGAL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS (Physical): \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

**\*\* SERVICE FEES - OFFICE USE \*\***  
ACCEPTABLE FORM OF PAYMENT: CASH, CHECK OR MONEY ORDER. MAKE PAYABLE TO: CITY OF PORTLAND  
FEES FOLLOW ESTABLISHED CITY POLICY AND STATE LAW

COPIES / SERVICES	FEES	FINGERPRINTS	FEES	COMPUTER RESOURCES	FEES	OTHER SERVICES	FEES
<input type="checkbox"/> Victim Copy	NC	<input type="checkbox"/> 2 Print Cards	\$10.00	<input type="checkbox"/> Client/Server _____	@\$2.20/hr _____	<input type="checkbox"/> Travel Letter	\$5.00
<input type="checkbox"/> >10 Pages _____	@\$.10 _____	<input type="checkbox"/> Extra Cards _____	@\$5.00 _____	<input type="checkbox"/> Mainframe-CPU _____	@\$10.00 _____	<input type="checkbox"/> Local Criminal History	\$5.00
<input type="checkbox"/> 8.5x11 Copies _____	@\$.10 _____	<input type="checkbox"/> Residents Only	NC			<input type="checkbox"/> Report Certification	\$2.00
<input type="checkbox"/> Specialty Paper _____	@\$.50 _____					<input type="checkbox"/> Security Inspection	\$15.00
<input type="checkbox"/> 11x17 (Other) _____	@\$.50 _____	<b>PERSONNEL LABOR FEES</b>				<input type="checkbox"/> VIN Validation	\$5.00
<input type="checkbox"/> CD-R/CD-RW _____	@\$1.00 _____	<input type="checkbox"/> Programming _____	@\$28.50/hr _____				
<input type="checkbox"/> DVD _____	@\$3.00 _____	<input type="checkbox"/> Loc/Comp/Reprod _____	@\$15.00/hr _____				
<input type="checkbox"/> Postage-Actual Cost _____		<input type="checkbox"/> Overhead _____	@20% Labor _____				
						<b>TOTAL:</b> _____	

<b>OFFICE USE ONLY</b>	<b>RECEIVED DATE:</b>	<b>BY:</b>	<b>DUE:</b>	<b>COMPLETED DATE:</b>	<b>BY:</b>	<b>PAYMENT TYPE:</b> <input type="checkbox"/> CK <input type="checkbox"/> Cash <input type="checkbox"/> MO	<input type="checkbox"/> REDACTED/WITHHELD: <input type="checkbox"/> INFO UNDER REVIEW:
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