



## Murphy Police Department Public Information Request Form

Requestors	Office Use Only
Date: _____	Received by / Date _____
Name of Requestor: _____	Fulfilled by / Date _____
Your Address: _____	Date Notified: _____
City, State & Zip: _____	Pick Up <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/>
Phone Number: _____	Released by / Date: _____
Email Address: _____	_____

I, \_\_\_\_\_ am submitting this document as my Open Records Request  
*(PRINT YOUR NAME)*

**Exclusions:** The city is prohibited from releasing some types of information. In an effort to expedite your request, please check the box if you agree to exclude or redact from the requested records the following categories of information: Citizen’s Dates of Birth, Driver’s License, Social Security Number, Relating to Pending Investigation or Prosecution, Informant information, Body Worn Camera without releases from people in video, License Plates, Criminal History, Victims of Sexual Assault/Harassment, Medical Information.

I agree to **exclude this information to expedite this request**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

RECORDS REQUEST: What is the specific type of information you are requesting? Please give specific information (i.e. report number, name, DOB, address of incident, date of incident)

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*PLEASE NOTE: The City is under no obligation to create a document to satisfy any request or to comply with a standing request for information.*

<b>FOR OFFICE USE ONLY:</b>
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_____
Initials: _____