HUDSON OAKS
POLICE DEPARTMENT

Hudson Oaks Police Department
Public Information Request Form

Requestors Information	*Office Use Only*
Date:_____ **Your Address:**_____ **City, State & Zip:**_____ **Phone Number:_( )**_____ **Email Address:**_____ **Are you the reporting party:** ☐ **Yes** ☐ **No**	***Rcvd by:***_____ ***Pick Up*** ☐ ***Mail*** ☐ ***Email*** ☐ ***Date Notified:***_____

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, Records 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, Allegations of Child Abuse, Offenses involving Juvenile Suspects and Medical Information.

☐ I agree to **exclude this information to expedite this request** _____
(Signature)

Please note: Depending on what has been requested, the Hudson Oaks Police Department **may take up to ten business days to respond**. Public Information requests may be made by Fax (682-229-2419), Email (*police@hudsonoaks.com*), U.S. Mail, or in person. If payment is due, responses can only be provided after full payment is received by mail or in person with cash, check, or money order. The Hudson Oaks Police Department Records Unit is located at 150 N. Oakridge Dr., Hudson Oaks, TX. 76108.The Lobby hours are 8:00am-5:00pm Monday – Friday.

*Fees for documents comply with the guidelines set by the Attorney General's Office of the State of Texas

**Accident reports are available at https://cris.dot.state.tx.us/public/Purchase/app/home

Please provide the following:

Date/Time of Report:_____ **Report #(if known):**_____

Type of Report (Theft, Information, etc.):_____

Address of Occurrence:_____

Name of Person(s) Involved:_____

Item(s) Requested:_____

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