



Serving with Honor, Integrity, and Professionalism

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Support Services Division - Records Section
www.cityofmustang.org/police
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MUSTANG POLICE DEPARTMENT
RECORDS REQUEST & FEE CALCULATION SCHEDULE

REQUESTOR INFORMATION (Please print legibly)

Name\*: \_\_\_\_\_

Firm or Agency\*\*: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

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

Please detail your record(s) request type:

- Collision Report, CFS, Incident Report, Audio, Video, Other

Please provide below a specific description of the record(s) you request. Generic requests and/or questions will not be fulfilled.

Date/Time/Case Number/Description Check box if requesting a CERTIFIED COPY

- 1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

If requesting a Collision Report, please indicate the allowable reason for receiving the record:

- Direct Party Involved, Legal Representative, Licensed Insurance Agent or Insurer, Licensed Private Investigator, Law Enforcement, Prosecutorial Authority, State/County/City Transport Authority, Newspaper/Radio/Television

I, the above named, affirm under penalty of perjury that all information is true and correct; and that any records obtained are not requested for, to be examined, reproduced or otherwise used for any commercial solicitation or unlawful purpose.

Signature: \_\_\_\_\_

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

Requestor Signature

Date of Request

\*Please submit a copy your identification card for individual verification. \*\*Include letterhead is seeking for firm or agency request.

TO BE COMPLETED BY RECORDS CUSTODIANS (Please do not write below)

Table with columns: FEE CALCULATION, SCHEDULED RATE, TOTAL COST. Rows include COPY, CERTIFIED COPY, CD, DVD, USB &/or ELECTRONIC MAIL, EXPUNGEMENT SERVICES, SEARCH &/or STATISTICAL RESEARCH, MECHANICAL PRODUCTION, MAILING POSTAGE & SUPPLIES, Date Request Received, Received by, Date Request Completed, Completed by, Memo, TOTAL DUE, PREPAID, PAID, TOTAL PAID, STATUS.