PUBLIC INFORMATION REQUEST UNDER THE TEXAS PUBLIC INFORMATION ACT

Date (Month / Day / Year)				
REQUESTED DOCUMENTS				
Please list/describe the documents you need, preferably with dates. The more specific you can be, the faster we can find them.				
DETAILS FOR POLICE REPORTS				
For police reports, please provided as many	details as possible			
Report Number Date (Month)	/ Day / Year) Loc	ation		
Names of Parties Involved				
_				
Type of Report:	An	y additional details that	could help us to better fir	nd the documents you need:
☐ Incident Report				
☐ Other Report				
PICK-UP				
I will pick up my documents in person from the Office of the University Attorney.				
Please send my documents to the email address listed below.				
 □ Please send my documents to the fax number listed below. □ Please send my documents to the mailing address listed below. 				
REQUESTOR				
REQUESTOR				
Name (Printed)	Email Ad	ddress	Fax Number	Phone Number
Name (Signed)	 Mailing	Address (Street, City, St	ate 7IP Code)	
INSTRUCTIONS	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ridaress (sereet, erry, se	ate, zii oode,	
You may send this request — by mail to	800 W Camp	cy of Texas at Dallas bell Rd, AD35		
by email		TX 75080-3021 ation@utdallas.edu		
by fax to				
	at: AD 2.408			
Important: Costs for retrieving public do Your payment must be received.			ne State of Texas Attorney	y General.