

# Navarro College Department of Public Safety

Chief Hank Bailey

## Records/ Video Tape/ Audio Recording Request Form

Requester's Name:		Telephone Number:
Name of Business:		
Address:	(P.O. Box, Street, etc.)	(City) (State) (Zip Code)
Description of Specific Information Being Requested:		
Requester's Email:		
Phone number(s) calling NCDPS (if known)		
Incident date -		Approx. Incident time -
Requester's Signature	Date	Written Request Attached? YES / NO
Notes/Comments:		
Information/Documents Received by:		Date:
Information/Documents Released by:		Date: Time: