

**City of White Oak Police Department
Request for Public Records**

In accordance with the Open Records Act, I hereby request copies of the following records of the City of White Oak Police Department be made available for my inspection or duplications. I agree to pay all duplication cost.

Inspection Only:	Number of copies requested:	Public information requested:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Requested by: _____

Address: _____
(city) (state) (zip)

Phone: (____) _____

Date of Request: _____

Signature: _____

**This completed form should be presented to the Chief of Police or designee of the White Oak Police Department.*