

# Town of Trinity Information Request Form

Requestor's Name \_\_\_\_\_ Date \_\_\_\_\_

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

Information to be: Picked up \_\_\_\_\_ OR, Mailed \_\_\_\_\_  
(please check one)

**Specific information requested (dates required for all police report requests):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason information requested \_\_\_\_\_  
\_\_\_\_\_

Deadline information needed (if any) \_\_\_\_\_

Request received by: \_\_\_\_\_ Date \_\_\_\_\_

Department Information Requested From: \_\_\_\_\_

Date information delivered: \_\_\_\_\_

By: \_\_\_\_\_ Department: \_\_\_\_\_

## Public Records

\$10.00 for accident reports

\$5.00 for incident reports

**IF** readily available

\$10.00 per hour if not readily available

\$0.25 per page copying fee

Town of Trinity  
35 Preston Drive  
Trinity, AL 35673