

## Galveston Police Department P.O. Box 17251

P.O. Box 17251 Galveston, Texas 77552-7251 (409) 765-3640

Date:(When grantor relinquishes said Po	wer of Attorney in writing)	
To whom it may concern:		
I,	, hereby give Galve and file charges on my behalf, again ed at the following location(s):	eston Police Department est any person or persons
(Address)	(City)	(State)
(Address)	(City)	(State)
(Address)	(City)	(State)
and act on my behalf in any court p	roceedings from those arrested.	
	(Complainant)	
Emergency Contact(s): (Name)	(Phor	ne)
(Name)	(Phor	ne)
State of Texas County of Galveston		
Sworn and subscribed to before me	e this day of	
	Notary Public in and for the State of Texas  This Commission Expires:	*