REQUEST FOR COPY OF PEACE OFFICER'S REPORT

MAKE CHECK OR M.O. PAYBABLE TO: TOWN OF FAIRVIEW
372 Town Place Fairview, Texas 75069 – Fax: 972-548-1087
TO BE COMPLETED BY PERSON REQUESTING INFORMATION

CHECK TYPE OF SERVICE DESIRED:

☐ Copy offense/Incident/Offense or Other Report – **Fee $7.00**

☐ Copy of Accident Report – **Fee $6.00**

☐ Certified Copy of Accident Report $8.00 or Incident Report – **Fee $10.00**

DATE OF REQUEST: _____ **REPORT #:** _____

Transportation Code, Sec.550.065. **RELEASE OF ACCIDENT REPORTS:** (b) Except as provided by Subsection (c) an accident report made by a person involved in an accident, by a garage, or by a peace officer is: (1) without prejudice to the individual making the report and (2) privileged and for the confidential use of (1) the department; (2) an agency of the United States, this state, or a local government of this state having use for the report for accident prevention purposes. (c) allows release of an accident report after written request and payment of required fee to: (4) a person who provide the department or law enforcement agency with two or more of the following: (A) date of the accident; (B) the specific address, highway, or street of accident: (C) the name of any person involved.

Please provide as accurate and complete information as possible.

DATE REPORT FILED: _____
                     Month   Day   Year

REPORT LOCATION: _____
                    Street Address   City

TYPE OF REPORT (I.E. THEFT/FRAUD/CAR WRECK, ETC.):_____

INVESTIGATING OFFICER (IF KNOWN) _____

IF ACCIDENT, WAS ANYONE KILLED? _____ IF SO, NAME OF DECEASED _____

DRIVER INFORMATION:

    NAME: _____

    ADDRESS: _____

    DATE OF BIRTH: _____

    DRIVERS LICENSE #: _____

- Texas Statute allows the investigating officer 10 days to submit his/her report.
- Requests should allow time for completion and supervisory review of the report.
- The Law provides that if an officer's report is not on file when a request for a copy of such report is received, a certification to that effect can be provided in lieu of the copy and the fee shall be retained for the certification.

Report Requested by: _____Phone #1_____Phone #2_____

Mailing Address: _____

TOWN OF FAIRVIEW PERSONNEL USE ONLY

Date request received_____ Receipt No. _____ Amount received _____ Clerk: _____

Report provided at time of request? Y N Report Mailed? Y N Picked Up? Y N Date _____Clerk _____