



Police Report Request Form

405 N. Washington Farmersville TX 75442

Please complete all four sections below and sign: **ONLY one report per request form. Please provide as much information as possible. This form may be delivered in person or mailed to the police department.**

Please include a self-addressed stamped envelope to insure prompt delivery.

1. Your Name: _____
First Name Last Name

Address: _____
Street Number Street Name City State Zip

Telephone: _____
Include Area Code

2. Check Applicable Type of Report:

Traffic Accident Crime Report

Case Report Number _____

Date Of Incident _____

Location of Incident _____

Cross Street _____

Other Party Involved _____

3. I certify that I am:

Named in the report (Check this box to certify that you are named in the requested report.)

An Insurance Agent _____
(Name of Company)

A Government Agency _____
(Name of Agency)

An Authorized Representative of: _____
(Person Named in the Report)

4. Please provide in complete detail you reason for requesting a copy of this report.

Signature : _____

Date: _____

Driver License: _____

Date: _____