

DATE OF REQUEST: _____

CASE #: _____

SANTA FE POLICE DEPARTMENT

OPEN RECORDS REQUEST & ACCIDENT REPORTS

REQUESTOR'S INFORMATION

NAME _____

ADDRESS: _____

PHONE #: _____

EMAIL: _____

INFORMATION REQUESTING

DATE OF OCCURANCE: _____

LOCATION OF OCCURANCE: _____

INFORMATION REQUESTING: _____

TEXAS TRANSPORTATION CODE SEC: 550.065 STATES THAT TWO OF THE ABOVE THREE PIECES OF INFORMATION MUST BE PROVIDED TO DETERMINE IF THE PERSON REQUESTING THE REPORT IS ENTITLED TO IT.

FOR DEPARTMENT USE ONLY

DATE: _____ TIME: _____ INITIALS: _____ Action: _____

DATE: _____ TIME: _____ INITIALS: _____ Action: _____ **FEE \$** **DATE**

DATE: _____ TIME: _____ INITIALS: _____ Action: _____

DATE: _____ TIME: _____ INITIALS: _____ Action: _____ **APPROVED** **DENIED REPORT**