REQUEST #_____

OPEN RECORDS REQUEST

Records Division
Schertz Police Department
1400 Schertz Pkwy #6
Schertz, TX 78154
(210) 619-1200
Fax: (210) 619 – 1229
pdrecords@schertz.com

REQUESTOR _____ DATE _____

BUSINESS/AGENCY _____

ADDRESS _____ PHONE _____

CITY_____ STATE _____ ZIP _____

I (WE), THE ABOVE NAMED INDIVIDUAL/BUSINESS, HEREBY REQUEST THE FOLLOWING INFORMATION BE PROVIDED UNDER AUTHORITY OF THE TEXAS PUBLIC INFORMATION ACT. I (WE) UNDERSTAND THAT A FEE(S) MAY BE CHARGED FOR THE SERVICE(S) PROVIDED AND THAT THESE CHARGES FOLLOW ESTABLISHED CITY POLICY AND STATE LAW.

ACCIDENT REPORT (Case #_____ If Known) COST $6.00

TEXAS law requires you provide two (2) of the following three pieces of information and be entitled to a complete copy in accordance with Transportation Code Chapter 550.065.

DATE OF ACCIDENT _____

NAME OF PERSON(S) INVOLVED _____

LOCATION WHERE ACCIDENT OCCURRED _____

INCIDENT/OFFENSE RECORD

INCIDENT # _____DATE _____ (or) FROM _____ TO _____

NAME(S) OF PERSON(S) INVOLVED _____

LOCATION OR ADDRESS OF INCIDENT _____

TYPE OF OFFENSE _____

(RECORDS OFFICE USE)

COMP DATE: _____

COMP BY: _____

RELEASED/NOTES:_____
_____
_____

 # OF PAGES: _____

In Person ___ Email ___ Fax ___
US Mail ____

INFORMATION REQUESTED (BE SPECIFIC):
_____
_____
_____
_____
_____
_____
_____
_____

I UNDERSTAND SOME INFORMATION MUST BE REDACTED UNDER TEXAS LAW AND A REDACTED COPY WILL BE PROVIDED TO ME WITHIN 10 BUSINESS DAYS FROM DATE OF REQUEST.

SIGNATURE: _____ DATE: _____