PUBLIC INFORMATION REQUEST FORM

TO: CUSTODIAN OF RECORDS
RAYMONDVILLE POLICE DEPARTMENT
523 W. HIDALGO AVENUE
RAYMONDVILLE, TEXAS 78580
PHONE: (956) 689-2441
FAX: (956) 689-2811
EMAIL: records@raymondvilletx.us

Date of Request: _____

Dear Sir or Madam,

Pursuant to the Public Information Request, I am requesting Access / Copies of the following documents / Information:

ACCIDENT REPORT **INCIDENT REPORT** **CASE NUMBER**

Accident Date: _____ Incident Type: _____ **OTHER:** _____

Location: _____ Incident Date: _____ _____

Driver Name: _____ Incident Location: _____ _____

Driver DOB: _____ Victim name & DOB: _____ _____

Case Number: _____ Defendant Name: _____ _____

CALL FOR SERVICE CARD REPORTS

Call Date: _____ Call Location: _____ Call Type: _____

Callers Name: _____ 911 Calls _____ Police Blotter _____

IF YOU ARE REQUESTING ANY OTHER TYPE OF INFORMATION PLEASE LIST AS SPECIFICALLY AND DESCRIPTIVELY AS POSSIBLE: _____

_____

Requestor's Name: (print clearly) _____ Phone: _____

Requestor's Mailing Address: _____

Requestor's Signature: _____

**********DO NOT WRITE BELOW THIS LINE: DEPT USE ONLY ONLY**********

Date request received: _____ Attorney General Opinion: _____

Request completion Date: _____ Clerk: _____