



STEPHENVILLE POLICE DEPARTMENT

PUBLIC INFORMATION REQUEST

Phone: 254-918-1266 Fax: 254-918-1299 Email: spdpir@stephenvilletx.gov

NOTE: Upon receipt of this request, SPD has ten (10) business days to either release the information to the requestor, or request a ruling/opinion from the Texas Attorney General.

Today's Date: _____

Your Name: _____

Your Address: _____

Your Phone Number: _____ Your E-Mail Address: _____



ACCIDENT REPORT REQUESTS:

TO OBTAIN A COPY OF AN **ACCIDENT REPORT**, YOU MUST PROVIDE AT LEAST **TWO** PIECES OF THE FOLLOWING INFORMATION:

Date of Accident: _____ Report Number (if available): _____

Location of Accident: _____

Name of an Involved Driver: _____

Note: Accident Reports are \$6.00 each at the window - or \$11.00 each through <https://buycrash.lexisnexisrisk.com/search>



OFFENSE REPORT/OTHER RECORDS REQUESTS:

Date and Type of Offense/Incident: _____ Report Number (if available): _____

Location of Offense/Incident: _____

Description of Other Records Requested: _____

FOR OFFICE USE ONLY:

Date Reviewed: _____ Reviewed By: _____ Date Sent to Attorney General: _____

Date Closed: _____ Notes: _____

