CITY OF BEAUMONT POLICE DEPARTMENT
RECORDS MANAGEMENT

ACCIDENT REPORT REQUEST FORM

TO: RECORDS MANAGEMENT, BEAUMONT POLICE DEPARTMENT

TODAY'S DATE:_____

PRINT YOUR NAME:_____

YOUR SIGNATURE:_____

****

Pursuant to Texas Transportation Code Section 550.065, Release of Accident Reports, I am requesting a copy of the accident report (ST3) prepared by the Beaumont Police Department in regard to the following accident:

Case No.: _____

Date of the Accident:_____

Name of <u>ANY</u> person involved in the accident: _____

Specific location of the accident:_____

NOTE: Any person requesting a copy of an accident report must provide at least two (2) of the above three (3) fields of information to be able to obtain the report. The fee for a copy of the officer's report is $6.00. The copy may be certified for an additional fee of $2.00.

*****I HEREBY AGREE TO PAY THE COSTS, AS ESTABLISHED BY STATE LAW, RELATED TO PRODUCING THESE RECORDS.**

_____
Signature

_____
Address (Street, City, State, Zip Code)

_____
Telephone Number