

**LOCKHART POLICE DEPARTMENT
REQUEST FOR RECORDS COPIES**

Date: _____

Name of Person Requesting (Printed): _____

Address of Person Requesting (Printed): _____

Signature of Person Requesting: _____

Driver's License Number or I.D. Number of Person Requesting: _____

When ready: Phone # _____ Mail _____ Fax # _____

NOTE:

Pursuant to the provisions of the Texas Open Records Act, I request a copy of the following identified report. I further certify by my signature above that I am legally entitled to obtain a copy of such report.

Check One:

() Accident Report:

You must provide this department with two or more of the following pieces of information –

1. The Date of the Accident: _____
2. The Location of the Accident: _____
3. The Name of the Person involved in the Accident: _____

() Other Report:

You must provide the following information –

1. The Name of the Individual involved in the Incident: _____

2. The Date of the Incident: _____
3. The Location of the Incident: _____

4. The Police Incident Number: _____

FOR OFFICE USE:

Total Pages: _____ Cost: _____

Name of Person Releasing Report: _____