



# STEPHENVILLE POLICE DEPARTMENT

## PUBLIC INFORMATION REQUEST

Phone: 254-918-1266 Fax: 254-918-1290 Email: [spdpir@stephenvilletx.gov](mailto: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/Time: \_\_\_\_\_ Report Number (if available): \_\_\_\_\_

Your Name: \_\_\_\_\_ Your Date of Birth: \_\_\_\_\_

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: \_\_\_\_\_

Location of Accident: \_\_\_\_\_

Name of an Involved Driver: \_\_\_\_\_

**Note: Accident Reports are \$6.00 at the window - or \$10.00 each through [www.stephenvillepolice.org](http://www.stephenvillepolice.org)**



### **OFFENSE REPORT/OTHER RECORDS REQUESTS:**

Date and Type of Offense/Incident: \_\_\_\_\_

Location of Offense/Incident: \_\_\_\_\_

Please describe the exact information you are requesting: \_\_\_\_\_

#### **FOR OFFICE USE ONLY:**

Date Reviewed: \_\_\_\_\_ Reviewed By: \_\_\_\_\_ Date Sent to Attorney General: \_\_\_\_\_

Date Closed: \_\_\_\_\_ Notes: \_\_\_\_\_