

BURNET COUNTY SHERIFF'S OFFICE CRASH REPORT REQUEST



CHECK SERVICE REQUESTED:	Date:				
Copy of Police-O	\$6.00				
Certified Copy of	\$8.00				
(Fecha y hora)2. Location of accident (as specific (Dirección de accidente)	dentas possible)				
(Nombre de la persona involucrada)					
Incident number:	(if known)				
	equires identification of the requestor:				
Name of person requesting report: _(Su nombre)	Please print (Por favor, es	 scriba)/ Phone Number			
☐ Driver	☐ Pedestrian	☐ Pedalcyclist			
□ Passenger	☐ Employer of driver	☐ Parent / legal guardian of driver			
☐ Owner of vehicle or property damaged	☐ Policyholder of vehicle	☐ Insurance company of vehicle or person involved			
☐ Courier service for insurance company	☐ Radio / television station (FCC licensed)	☐ Newspaper (qualified to Publish legal notices)			
☐ Legal representative of:		Other (will receive redacted Report)			
information and any fees charged. Upon reque		ransportation Code regarding the release of crash report pepartment can provide you with a copy of the Texas .			
	se of Certain Information Relating	to Accidents"			
To obtain a copy of a Crash Report 1. Request is made in writing	5				
 Requestor provides Agency with required identification The fee for a copy of an accident report is \$6 					
4. Certification of the accident report is an additional fee of \$2.					
5. Agency Certification that	no accident report or information exis	its in its files is \$6			
personal information from an ager	O15 of the Transportation Code, a per cy's records under this chapter and me agency on an application required by	nisrepresents the person's identity or			
How would you like this information returned to	you?				
Records Department Use Only:					
Incident #:	Receipt #:	Records Assistant:			

OPEN RECORDS REQUEST FORM

FROM (Full Na	ame,	<u>print</u>)		
City, State Zip:				
Telephone No.	()	-	(Home)
	()	-	(Work)
	()	-	(FAX)
	.C.A	., Gove		OR THE BURNET COUNTY SHERIFF OFFICE ode, Section 552.001 et seq., I am requesting certain public
Incident / Call	#:			Date of Incident: Time of Incident:
Location of Inc	ident	:		
Person(s) Invol	ved I	Name(s):	
Nature of Call:				
Other Informat	ion A	vailab	le:	
MADE readily available the documents made available	ou li E AV/ e, the . I ur to m	ke you AILAB e custo ndersta ne.	ur informa LE TO ME odian may s and that I m	FOR EXAMINATION ONLY. I understand that if the documents are not schedule a date and hour within a reasonable time for my examination of must complete my examination within ten days of the date the records are not perform the normal process.
PICK	ED U	IP,	MAILE	ED to me at the address indicated:
information und understand tha	der tl t Bur	ne Tex net Co	as Open Re ounty Sherif	Sheriff Office may withhold information which is not considered public ecords Act, accompanying Attorney General Opinions, and case law. I also ff Office is required to release only those documents that exist, in their y is not required to compile or create specific information or formats for m
				_Signature <i>Required</i>