



501A State Highway 78 N., Farmersville, TX 75442 ★ (972) 782-6645 ★ [www.farmersvilleisd.org](http://www.farmersvilleisd.org)

## Police Report Request Form

Please complete all sections of this form and sign it. ONLY one report per request form. Please provide as much information as possible. This form may be delivered in person or mailed to the police department.

**Please include a self-addressed and stamped envelope to ensure prompt delivery.**

**Your Name:** \_\_\_\_\_  
First Name Last Name

**Address:** \_\_\_\_\_  
Street Address City State Zip.

**Telephone Number:** \_\_\_\_\_  
Include Area Code

**Check Applicable Type of Report:** Traffic Accident ☐ Crime Report ☐

**Case Report Number:** \_\_\_\_\_

**Date of Incident:** \_\_\_\_\_

**Location of Incident:** \_\_\_\_\_

**Cross Street:** \_\_\_\_\_

**I certify that I am:**

**Named in the report** ☐ (Check this box to certify that you are named in the requested report.)

**An Insurance Agent** \_\_\_\_\_  
(Name of Company)

**A Government Agency** \_\_\_\_\_  
(Name of Agency)

**An Authorized Representative of** \_\_\_\_\_  
(Person Named in the Report)



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Please provide in complete detail the reasons you are requesting a copy of this report

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Signature of Person Making Request \_\_\_\_\_

Date \_\_\_\_\_

Drivers License Number of Person Making Request \_\_\_\_\_