



BELLMEAD POLICE DEPARTMENT

PUBLIC INFORMATION REQUEST

Date: _____

PLEASE PRINT ALL INFORMATION

Email _____

I hereby request the following information as Copies or Access to Review.

(Please fill in this form as completely as possible):

Public Information Report: Case Number: _____ Date of Incident: _____

Location: _____

Type of Incident: _____

Name of Involved Person: _____ Date of Birth: _____

Other (State specifically the type of information you are requesting: Narratives, Photographs, Statements, etc.):

I understand that the information will be released only in accordance with the Public Information Act, which may require a determination by the Texas Attorney General prior to release. I further understand that the City of Bellmead has ten (10) business days to respond or request such a determination.

Accident Report: (As per Texas Transportation Code §550.065, in order to obtain a crash report, the requestor must provide at least **two** of the following pieces of information):

Date of Accident: _____ Location: _____ Driver: _____

Signature of Person Requesting

Printed Name of Person Requesting

Address, Including City & State

Phone Number

I, the undersigned have received visually inspected, on the date indicated below, a copy of the following record(s) from the Bellmead Police Department.

Signature of Person Receiving

Date

DO NOT WRITE BELOW THIS LINE – CITY USE ONLY

Date Received: _____ Received By: _____

Date/Time Requestor Notified: _____ Notified By: _____ Notified How: _____

Date Released: _____ Released By: _____

Ruling Required from Attorney General Yes No **Necessary for Review by City Attorney:** Yes No