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POLICE / ACCIDENT REPORT REQUEST APPLICATION

Date://	
Name:	Email:
Phone:	
Company/Organization:	
Address:	
Do you want a copy of the document?	□ Yes. (fees apply) □ Yes. Certified document? (fees apply) □ No, I wish to inspect the document.
Type of document/report?	□ Accident Report. (\$6.00 per crash report) □ Other. (10¢ per page for first 50 pages)
Are you requesting any and all documents, the Public Information Act (PIA)?:	including those that may meet an exception from disclosure under
	 □ Only publicly available documents. □ Any and all documents (including confidential information). (NOTE: "Any and all documents" option may require an Attorney General ruling.)
Name of document:	
Date and time of incident or inclusive dates of document:	
Address or Location of Incident:	
Incident number, if known:	
Name(s) of party(s) involved:	
Relationship to party(s) involved (use only f	or accident report requests):
	an of the driver involved in the accident. y client was involved in the accident.

□ I am currently a person under contract to p the accident.	rovide claims or underwriting information to any person involved ir
$\hfill\Box$ I am currently an employee of a radio or tel	levision station licensed by the FCC. per that qualifies to publish legal notices and is at least published
$\hfill\Box$ I am a person or entity who may sue becau	use of death resulting from the accident. ries and am requesting a redacted crash report.
report in accordance with Texas Transper	er to determine if you are entitled to a full and complete crash ortation Code, Section 550.065(c)(4). Persons or entities not ly be entitled to a redacted report in accordance with Section
Note: Your signature declares that the for accordance with Texas Penal Code, Section	oregoing is true and correct. Perjury is punishable by law in on 37.02.
Date:	Signature:
	Print Name:
	OFFICE USE ONLY: