



## LOCKHART POLICE DEPARTMENT REQUEST FOR RECORDS COPIES

Date: \_\_\_\_\_

Name of Person Requesting (Printed): \_\_\_\_\_

Address of Person Requesting (Printed): \_\_\_\_\_  
\_\_\_\_\_

Signature of Person Requesting: \_\_\_\_\_

Driver's License Number or I.D. Number of Person Requesting: \_\_\_\_\_

**NOTE:**

**Pursuant to the provisions of the Texas Open Records Act, I request a copy of the following identified report. I further certify by my signature above that I am legally entitled to obtain a copy of such report.**

Check One:

( ) Accident Report:

You must provide this department with two or more of the following pieces of information –

1. The Date of the Accident: \_\_\_\_\_
2. The Location of the Accident: \_\_\_\_\_
3. The Name of the Person involved in the Accident: \_\_\_\_\_  
\_\_\_\_\_

( ) Other Report:

You must provide the following information –

1. The Name of the Individual involved in the Incident: \_\_\_\_\_  
\_\_\_\_\_
2. The Date of the Incident: \_\_\_\_\_
3. The Location of the Incident: \_\_\_\_\_  
\_\_\_\_\_
4. The Police Incident Number: \_\_\_\_\_

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**FOR OFFICE USE:**

Total Pages: \_\_\_\_\_ Cost: \_\_\_\_\_

Name of Person Releasing Report: \_\_\_\_\_