City of Quinlan Police Department
PO Box 2740, Quinlan, TX 75474
Records Department Number 903-356-3306

REQUEST FOR A COPY OF POLICE RECORDS

Incident/Accident Reports are $6.00

Type of Report: ☐ Traffic Collision ☐ Crime Report Number:

☐ Public Records Act (Type of Report): ☐Report ☐Photographs ☐Video

Date of Request: _____ Requestor's Name: _____

Phone Number(s) _____ _____
(Home) (Cell)

Address: _____

PARTY OF INTEREST (Please Check One)

☐Person Involved
Driver, Passenger, Pedestrian or Victim
☐Property Owner
☐Authorized Individual - Required if not Person Involved
(Attach a Signed letter/form of Authorization)
☐Parent / Guardian of Juvenile Party

☐Representative of Insurance Company or Insurance Adjusting Agency
Name of Company: _____
☐Attorney: Name of Firm: _____
☐Other Party of Interest:
Specify: _____

IF REPORT NUMBER IS NOT KNOWN, PLEASE COMPLETE:

Date and Time of Occurrence: _____ Location of Incident: _____

Name of Person on the Report: _____ Date of Birth: _____

Vehicle License Plate / Vehicle ID Number: _____

Officer's Name or Badge Number: _____

CERTIFICATION

I declare under the penalty of perjury that I am / I represent: _____
(Person Named in Report)

Signed: _____ Date: _____

CITY OF QUINLAN USE ONLY

Released By: _____ Date Released: _____ Identification Type: _____

Id State: _____ Id Number: _____ Remarks: _____

☐Denied By: _____ Reason for Denial: _____

Fee: _____ Date Received: _____ Receipt #: _____ Received By: _____

2017-03-23 Version