

## WYLIE POLICE DEPARTMENT OPEN RECORDS REQUEST FORM 2000 N HIGHWAY 78, WYLIE, TEXAS 75098 Phone: 972.442.8170 / Email: policerecords@wylietexas.gov / Fax:972.429.8035



## NOTICE TO REQUESTOR

In accordance with the Texas Public Information Act ("Act"), Public Information Requests ("Requests") must be submitted in writing. You may use this form for requests for records from the City of Wylie Police Department ("PD"). Upon receipt, the PD will process your request. The PD is under no obligation to create a document in response to your request or to comply with a standing request for information. The Act does not require the PD to answer questions, or perform legal research. The PD may, however, ask for clarification of a request if it is uncertain as to what is being requested. If a large amount of information is requested, the PD may discuss with a requestor how the scope of a request may be narrowed. Some PD records are exempt from disclosure by law. For more information on the Texas Public Information Act, visit: <a href="https://www.texasattorneygeneral.gov">https://www.texasattorneygeneral.gov</a>				
REQUESTOR CONTACT INFORMATION - Please note we will always use email for all correspondence as our first method of communication.				
TODAYS DATE: CASE NUMBER (if available):				
REQUESTOR'S NAME:				
MAILING ADDRESS:	CITY		STATE:	ZIP:
TELEPHONE NUMBER:	E-MAIL:			
ACCIDENT REPORT REQUEST – The fee for a copy of an accident report is \$6.00. A certified copy is \$8.00. We accept cash exact change, check, and debit/credit cards. The Wylie Police Department adheres to the requirements of Chapter 550 of the Texas Transportation Code regarding the release of crash report information and any applicable fees.				
DATE OF ACCIDENT:	DRIVERS NAME:			
LOCATION OF ACCIDENT: Please certify how you are directly concerned in the mo below: Only Check One	otor vehicle accident o	r have proper intere	st therein by check	ing the applicable box
<ul> <li>Driver</li> <li>Passenger</li> <li>Owner of vehicle or property damaged</li> <li>Courier service for insurance company</li> <li>Legal representative of:</li> <li>Pedestrian</li> <li>Employer of driver</li> <li>Newspaper (qualified under Section 50.0)</li> </ul>	C C C C C C C C C C C C C C C C C C C	Radio / television	i station that holds cerned / having pr ardian of driver any of vehicle or pe	oper interest in accident
ALL OTHER INCIDENTS REQUEST: PLEASE CHECK ALL THAT APPLY TO YOUR REQUEST				
OFFENSE REPORT     ARREST REPO		FOR SERVICE		DASH CAM VIDEOS
DATE OF INCIDENT OR DATE RANGE:				
ADDRESS WHERE INCIDENT OCCURRED:				
PARTIES INVOLVED:		_ DOB:		
PARTIES INVOLVED:		_DOB:		
Describe the exact information you are requesting and	Include details that m	ay neip in locating ti	te information in th	e lines provided below:
* Lawrente constant and stad as set if information as	tained within the rene	rt is not for public di		to of high motor vahiala
* I agree to accept a redacted report if information contained within the report is not for public disclosure such as date of birth, motor vehicle information and access device numbers. If you do not agree to the redactions of the confidential information the request will automatically be sent to the office of the Attorney General (OAG) for a ruling. In accordance with the public information act. The OAG has up to 45 business days in which to make a determination on whether we must release the information in an un-redacted format.				
Yes, I agree No, I do not agree				
In making this request, you understand that the information will be released only in accordance with the Act, and the PD reserves the right to seek an opinion from the Texas Attorney General with regard to the release of said information. If an Attorney General's opinion is sought by the PD, you will be notified in writing.				
Signature		Date		
Oignature		Date		