



RAYMONDVILLE POLICE DEPT.

"TO PROTECT AND TO SERVE"

UVALDO ZAMORA
CHIEF OF POLICE

OPEN RECORDS ACT REQUEST FORM

TO: THE CUSTODIAN OF RECORDS
RAYMONDVILLE POLICE DEPARTMENT
523 WEST HIDALGO AVENUE
RAYMONDVILLE, TX 78580
PHONE (956)689-2441 Ext. 102
FAX (956)689-2811
Email: records@raymondvilletx.us

Today's date: _____

Dear Sir or Madam,
Pursuant to the Open Records Act, I request access/copies of the following documents/information:
(LIST AS SPECIFICALLY AS POSSIBLE)

ACCIDENT REPORT

Accident date _____
Location _____
Driver name _____
Driver (DOB) _____
CASE NUMBER _____

INCIDENT REPORT CASE NUMBER _____

Incident type _____
Incident date _____
Incident location _____
Victim name & DOB _____
Suspect name & DOB _____

CALL FOR SERVICE CARD REPORTS

Call date _____
Call location _____
Call type _____
Caller's name _____
CASE Number _____

IF YOU ARE REQUESTING OTHER TYPE OF INFORMATION (LIST AS SPECIFICALLY AS POSSIBLE)

Requestor's name (PRINT CLEARLY) _____ Phone _____

Requestor's mailing address _____

Requestor's signature _____

*****DO NOT WRITE BELOW THIS LINE IT IS FOR DEPARTMENT USE ONLY*****

Date request received _____ INCIDENT/ACCIDENT/CALL CARD NUMBER _____
Request Completion Date _____ CLERK _____