

EAGLE PASS POLICE DEPARTMENT



(830) 773-9044
(830) 773-8134 fax



Incident Request

Incident Report Case Number:	
Date of request:	_____ / _____ / _____
Receipt number:	

In accordance with the Texas Transportation Code, Section 50.065, upon written request and payment of the required fee, the Eagle Pass Police Department shall release a copy of the report to a person who provides the department with **TWO** or more of the following:

Date of incident:	_____ / _____ / _____
Name of person involved in the incident:	

Failure to answer any **TWO** of the **THREE** required items listed above will be grounds for this department to deny providing a copy of the requested report.

Incident report requested by:	
Mailing address:	
City:	
State:	
Zip Code:	
Signature:	X

An \$8.00 fee is required for **EACH** copy of a peace officers' accident or incident report.