

REQUEST FOR ACCIDENT REPORT

I, the undersigned, having provided two or more of the following items, hereby request a copy of the appropriate accident report:

Date of the accident: _____

The name of any person involved in the accident: _____

The specific location of the accident: _____

A copy or copies of accident reports may be released on written request and payment of a five Dollar (\$5.00) fee. [Government Code. Sec. 550.065]

PRINTED NAME

SIGNATURE

DATE SIGNED

CITY OF PANHANDLE - Form 31 (9/95)

**CITY OF PANHANDLE
BOX 129
PANHANDLE, TX 79068**