



City of Abilene, Texas Records Request Form

Abilene Police Department • 450 Pecan Street • Abilene, TX 79604
(325) 673-8331
policepublicinfo@abilenetx.com

TODAY'S DATE:	CASE NUMBER:
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Type of Report:

- Accident Case Call Sheet Arrest Clearance

Please Print All Information

REQUESTOR'S NAME:		
INVOLVED PERSON'S NAME:		DATE OF BIRTH:
DATE OF INCIDENT:	TIME OF INCIDENT:	LOCATION OF INCIDENT:
ADDRESS:	CITY/STATE:	ZIP:
PHONE:	EMAIL:	

We cannot contact you if we do not have a complete address and telephone number.

Information Requested

NOTE: Information that is confidential by law, or exempt by the Law Enforcement exception of public information act, will be redacted from reports before they are released to the public. You may request a copy of any report without redaction. If you request a report without redaction, your request will be forwarded to the city attorney. **In order to expedite your request, please be specific.**

In making this request, I understand that the City is under no obligation to create a document to satisfy my request or to comply with a standing/ongoing request for information. I further understand that copies of the information will be released only in accordance with the Texas Public Information Act, and the City reserves its 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 City, you will be notified in writing.

Signature of Requestor: _____

Clerk: _____

Remarks: _____