

WYLIE POLICE DEPARTMENT OPEN RECORDS REQUEST FORM
300 COUNTRY CLUB, BUILDING 100
WYLIE, TEXAS 75098

PHONE: 972-442-8170 / EMAIL: policerecords@wylietexas.gov

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:

<https://www.texasattorneygeneral.gov>

REQUESTOR CONTACT INFORMATION - Please note we will always use email for all correspondence as our first method of communication

DATE: _____ CASE NUMBER (if available): _____

REQUESTOR'S NAME: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____ E-MAIL: _____

GOOD CITIZEN LETTER - PLEASE NOTE THAT SOME FORM OF ID IS REQUIRED FOR A GOOD CITIZEN LETTER

REQUESTOR'S NAME AS YOU WOULD LIKE IT TO APPEAR ON YOUR LETTER

IF YOU NO LONGER LIVE IN WYLIE AND ARE REQUESTING A LETTER, PLEASE PROVIDE THE ADDRESS YOU RESIDED IN WHILE LIVING IN WYLIE:

*PLEASE NOTE THAT A GOOD CITIZEN LETTER IS NOT A COMPLETE BACKGROUND CHECK. IT IS A LOCAL CHECK OF OUR RECORDS.

*AT THIS TIME THERE IS NO FEE FOR THIS SERVICE.

* PLEASE ALLOW UP TO 10 BUSINESS DAYS FOR US TO PROCESS YOUR LETTER.

*ALL LETTERS MUST BE PICKED UP IN PERSON

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 motor vehicle accident or have proper interest therein by checking the applicable box below:

- | | |
|--|---|
| <input type="checkbox"/> Driver | <input type="checkbox"/> Policyholder/person w/financial responsibility for vehicle |
| <input type="checkbox"/> Passenger | <input type="checkbox"/> Radio / television station that holds FCC license |
| <input type="checkbox"/> Owner of vehicle or property damaged | <input type="checkbox"/> Other person concerned or having proper interest in accident |
| <input type="checkbox"/> Courier service for insurance company | <input type="checkbox"/> Pedalcyclist |
| <input type="checkbox"/> Legal representative of: | <input type="checkbox"/> Parent / legal guardian of driver |
| <input type="checkbox"/> Pedestrian | <input type="checkbox"/> Insurance company of vehicle or person involved |
| <input type="checkbox"/> Employer of driver | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Newspaper (qualified under Section 50.065(c)(4)(K)) | |

OFFENSE REPORT **ARREST REPORT** **CALL FOR SERVICE** **BODY / DASH CAM VIDEOS** **CHECK ALL THAT APPLY**

DATE OF INCIDENT OR DATE RANGE: _____

ADDRESS WHERE INCIDENT OCCURRED: _____

PARTIES INVOLVED: _____ DOB: _____

PARTIES INVOLVED: _____ DOB: _____

PARTIES INVOLVED: _____ DOB: _____

Describe the exact information you are requesting and include details that may help in locating the information in the lines provided below:

* 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 REDACTION 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.

PD-76

Signature

Date