(830) 914-2391

(830) 420-4460 FAX

303 S. CENTER

MARION, TEXAS 78124

MARION POLICE DEPARTMENT
PUBLIC INFORMATION REQUEST

THE TEXAS PUBLIC INFORMATION ACT requires that the Marion Police Department respond to Public Information request within ten (10) working days.

NO PERSONAL CHECKS ACCEPTED THERE IS A $5.00 FEE PER REPORT NO CREDIT/DEBIT CARDS

REQUEST IN PERSON **(cash AND exact change only)**
YOU WILL NEED TO PRESENT A VALID STATE or MILITARY PHOTO ID WHEN PAYING FOR REPORT
BY MAIL **(money order, cashiers check only)** ***DO NOT SEND CASH***

Name of Company
(If applicable)

Name of Person Requesting Information: ***Your Name):*** _____
(Please Print Your Name)

Address: _____ **City**_____**State**_____**Zip**_____

Telephone Number: _____ **FAX Number:** _____
(Fee has to be paid, before report is faxed)

PLEASE INDICATE TYPE OF REPORT

VEHICLE ACCIDENT_____ ***THEFT***_____ ***FIRE***_____ ***OTHER***_____

Marion Police Department Report/Case(s)(*If Known*): _____

DATE AND TIME INCIDENT OCCURRED

Date:_____ **Time:** _____

IF NO CASE# PROVIDED ABOVE INFORMATION BELOW IS NECESSARY. REPORT(S) WILL NOT BE RELEASED WITHOUT THIS INFORMATION. PLEASE COMPLY

Name of Person(s) Involved In Incident ***First and Last Name(s) Required***

For a vehicle accident will need name of person driving car at time of accident

First Name _____ **Last Name** _____

First Name _____ **Last Name** _____

Address Where Incident Occurred: _____
(For Vehicle Accident(s) Need Exact Location of Accident)

Vehicle Info: **Year** _____ **Make** _____ **LP #** _____ **/Year** _____ **Make** _____ **LP#** _____

Signature of Person Requesting Information: _____ **Date**_____
(Your Name) NOT COMPANY NAME

FOR OFFICE USE ONLY

Picked Up_____ **Mailed**_____ **FAXed**_____ **Receipt Number**_____ **Clerk**_____

Approved By: _____ **Declined By:** _____ **Date:** _____

IF A REPORT/CASE IS STILL UNDER INVESTIGATION, WE RESERVE THE RIGHT NOT TO RELEASE REPORT UNTIL LATER DATE