



**DO NOT USE FOR PUBLIC INFORMATION REQUESTS
POLICE RECORDS CUSTOMER ORDER FORM**

Please read the following for ordering police records, and provide all information requested.

1. Customers waiting for reports at the window can only receive up to five (5) reports per day.
2. The Records Customer Order Form can be mailed in, hand delivered, or faxed in if not more than three (3) pages total are faxed. **Requestors will be contacted when Police Reports are ready to be picked up.**
3. Requests will be completed within ten (10) working days and processed on a first come/first serve basis.
4. All Requests should include a report number, date, location and name.
5. Order Forms or Report Numbers received or listed more than once will be processed the number of times as received or listed.
6. An Accident Report Search Fee of \$6.00 will be charged for requests received by mail or fax to verify that no record was found. This fee does not apply to requests that are delivered in person.
7. If submitting a list of reports, unless reports are specifically identified by an underline, highlight, circle, or some other distinct marking, staff will process every report listed.
8. To cancel your Request, please call (817) 392-4160 and speak with a Records Unit representative.

Today's Date: _____, 20____ **Time:** _____ **a.m.** _____ **p.m.** _____

Requestor: _____ **Company (if applicable):** _____

Address/City/State/Zip: _____

Telephone No: _____ **Email Address:** _____

Credit/Debit Card No: _____ **Exp. Date:** _____

Cashier Check or Money Order Amount Enclosed: \$ _____

<u>Report Type</u>	<u>Report Number(s)</u>	<u>Name</u>	<u>Location</u>	<u>Incident Date(s)</u>
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- I wish to have the information copied and **mailed to me** and I have enclosed a stamped self-addressed envelope(s).
- I wish to have the information copied and **emailed to me.**
- I wish to have the information copied and **I will pick up.**

If mailing, send addressed to:
 Fort Worth Police Records Division
 350 West Belknap St.
 Fort Worth, Texas 76102-2004
 Phone: 817-392-4160
 Fax: 817-392-4175

Signature Required for Authorization **Date**

Picked up by: _____ **Date:** _____

<u>REPORT TYPES</u>	<u>OFFICE USE ONLY</u>
<input type="checkbox"/> ACCIDENT _____ \$6.00	Date Processed: _____
<input type="checkbox"/> ACCIDENT REPORT SEARCH FEE_ \$6.00	
<input type="checkbox"/> OFFENSE (Less than 10 pages) _____ FREE	Request Handled By: _____
<input type="checkbox"/> OFFENSE (10 pages or more) _____ \$.10 per page	
<input type="checkbox"/> CLEARANCE LETTER _____ \$5.00	Police Report No. (s): _____
<input type="checkbox"/> CRIMINAL HISTORY _____ \$5.00	_____
<input type="checkbox"/> CERTIFICATION (ACCIDENTS) _____ \$2.00	_____
<input type="checkbox"/> CERTIFICATION (ALL OTHERS) _____ \$5.00	_____
<input type="checkbox"/> OFFICER WORKSHEET _____ \$1.50	
Total Estimate for Report(s): \$ _____	Actual Cost: \$ _____