



CITY OF MORGAN'S POINT RESORT

POLICE DEPARTMENT

8 MORGAN'S POINT BLVD., MORGAN'S POINT RESORT, TX 76513

YOUR NAME: _____

ADDRESS: _____

CITY, State, Zip Code: _____

POLICE REPORT INFORMATION:

PLEASE FILL OUT LEGIBLY

TYPE OF INCIDENT: _____

DATE OF INCIDENT: _____

LOCATION OF INCIDENT: _____

OFFICER NAME IF KNOWN: _____

CASE#: _____

The requested police report will be available to you, 48 hours after this request is completed and turned in along with \$5.00 fee for the report. Police reports will not be processed over the weekend and do not count as part of the 48 hours. In addition, any police report will not have victims or suspects name available. If you would like to have the report mailed to you, please add an additional \$1.00 fee.

Date Requested: _____

Date Delivered: _____

Received by: _____