



ACCIDENT REQUEST FORM

Date of Application

Driver's Name:

Date of accident:

Location of Accident:

Requestor's Name:

Requestor's Company:

Requestor's Phone #:

Requestor's Fax #:

Requestors Address:

Comments:

Email report to:

City Staff Member Making Request:

- Picked up in person**
- Faxed**
- Mailed**

City Hall fax to City of Gilmer PD, 903-843-3508

Code: 214
Cost: \$6.00