

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

City of Gilmer * 110 Buffalo; PO BOX 760 * Gilmer, Texas 75644 City Hall 903-843-2552 * Fax 903-843-3508 I:\FORMS\Accident Request Form.doc