



## 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