

LaFollette Police Department

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LaFollette, Tennessee 37766

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Accident Report Certification for Release Without Redaction.

City of LaFollette, Tennessee

Name (party to accident): _____

Date of accident: _____

Location of accident: _____

I _____, was involved in the accident referenced above. I hereby give consent to the City of LaFollette, Tennessee to release the accident report referenced above to _____, without redacting my personal identifying information on said report. This person is my (select one) agent/legal representative/attorney for purposes of this request. This certification is made pursuant to T.C.A. § 10-7-504(a)(31). I waive any and all claims I may have against the City of LaFollette connected with the release of the accident report without redacting my personally identifying information.

This _____ day of _____, 2019.

Party to accident

Identification of person receiving report confirmed by photo ID: Yes/No

Clerk: _____

"PRIDE, DEDICATION AND SERVICE"