



BREACH OF THE PEACE REPORT

Date Incident Occurred _____

Time Incident Occurred _____

INCIDENT LOCATION

Trade name of Licensed Premise where the incident occurred _____

Street number _____ Street name _____

City _____ Zip _____

County _____

REPORTER

Name of Person Filing the Breach of the Peace Report _____

Phone number _____ Email address _____

Relationship to the Permit/Licensee _____

DESIGNATED RESPONDENT

Name of Person Designated by the Permit/License holder to answer questions from the TABC regarding the Incident (if different person than above) _____

Phone number _____ Email address _____

Relationship to the Permit/Licensee _____

INCIDENT INFORMATION

Names of all law enforcement agencies who were called or otherwise appeared in connection to the incident and names of officers involved (if known)

Names and contact information of witnesses to the incident (if known)

Description of the incident.

I attest, to the best of my knowledge, that the above information is accurate.

Name: _____

Date/Time: _____