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: _____________________________________________________