CITY OF PRAIRIE VIEW

Most Wanted

VIOLATOR LOCATION SUBMISSION

Violator's name:	Date the violator was seen:
Location the violator was seen:	
Address where the violator was seen:	City, State, Zip:
If the violator was in a vehicle, describe the vehicle:	License plate No:
What time of day may the violator be found at the location?	
Describe the violator's clothing:	

Your name:	Your telephone number:
Your email address:	
Best time to contact you:	
Additional information that may help in locating this violator:	

Do you wish to remain anonymous? YES ☐ NO ☐

Fax this form to: 936-857-5611

44500 U.S. Business 290
P. O. Box 817
Prairie View, TX 77446

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