



Breach of the Peace Report
ENF 5122 Form

Rev. 09/20

Date Incident Occurred: _____ Time Incident Occurred: _____

Location of Incident:

License/Permit Number: _____

Trade Name: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ County: _____

Reporting Party:

Name of Person Completing Form: _____

Relationship to Licensee/Permittee: _____

Phone Number: _____ Email Address: _____

Designated Respondent: *(This is a person designated by the license/permit holder to answer questions from TABC regarding the incident, if different from the reporting party.)*

Name of Designated Respondent: _____

Relationship to Licensee/Permittee: _____

Phone Number: _____ Email Address: _____

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.

Signature

_____/_____
Date/Time

.....
TABC Use Only: Date/Time Received: _____/____ Received By: _____
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