



# RAILROAD COMMISSION OF TEXAS

## SAFETY DIVISION

### Safety Division Third Party Damage Release Form

By signing this release form I am declaring that neither I, \_\_\_\_\_ nor any of my employees were involved in the pipeline damage incident in or around the location, on or about the date referenced in the notification received from the Damage Prevention Section of the Railroad Commission of Texas. The notification incident number is \_\_\_\_\_.

If you or your company did not perform any excavation in or around the location, on or about the date referenced in the notification received, please use the space below to list any pertinent information that might help us identify and locate the responsible party. Also, provide additional information that would explain why you or your employees were listed as the responsible party for the pipeline damage report received by the Commission.

**\*\*\*Blank Release Forms will not be accepted\*\*\***

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**CERTIFICATION:** I declare under penalties prescribed in the Texas Natural Resources Code, §91.143, that I am authorized to make this report, that this report was prepared by me, or under my supervision, and that the data and facts stated herein are true, correct, and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone Number