



<b>1 YOUR CONTACT INFORMATION</b>			FOR DEPARTMENT USE ONLY	
YOUR NAME (PLEASE PRINT) FIRST, MIDDLE LAST		YOUR DATE OF BIRTH (DOB)		RECEIVED DATE:
YOUR ADDRESS		CITY, STATE AND ZIP CODE		
DAYTIME PHONE	EVENING PHONE	FAX NUMBER	SCANNED BY:	DATE:
<b>2 DESCRIBE RECORD REQUESTED</b>			<b>3 YOUR DECLARATION &amp; VERIFICATION</b>	
CASE NUMBER OR CALL FOR SERVICE NUMBER (IF KNOWN)			<b>PLEASE CHECK ONE:</b>  <input type="checkbox"/> Victim / Driver / Passenger / Pedestrian <input type="checkbox"/> Property / Vehicle Owner <input type="checkbox"/> Parent or Guardian of involved juvenile <input type="checkbox"/> Insurance Company Representative <input type="checkbox"/> Military Recruiter, with a signed waiver <input type="checkbox"/> Attorney / Authorized Agent with a signed waiver <input type="checkbox"/> Law Enforcement Background Investigator with a signed waiver. Record to be sent directly to Law Enforcement Agency  <input type="checkbox"/> Other: _____  <b>I declare under penalty of perjury that I am entitled to this record by reason checked above:</b>  <b>Signature:</b> _____  <b>Date:</b> ____/____/____  I want this record: <input type="checkbox"/> Held for Pickup <input type="checkbox"/> Mailed to me <input type="checkbox"/> Faxed to number above Pick-up items will be held for 3 days only, then mailed.	
DATE OF INCIDENT (OR APPROXIMATE)		TIME OF INCIDENT		
		AM PM		
LOCATION OF INCIDENT (ADDRESS / STREET)				
NAME(S) OF INVOLVED				
<b>RECORD TYPE (Check One)</b>  <input type="checkbox"/> Arrest Record <input type="checkbox"/> Call for Service Log Item <input type="checkbox"/> Crime / Incident Report <input type="checkbox"/> Special Computer Search <input type="checkbox"/> Traffic Collision Report <input type="checkbox"/> Photographs  <input type="checkbox"/> Fire Department Report / Investigation <input type="checkbox"/> Other Type of Report _____ _____				
<b>4 PAYMENT INFORMATION (For Department Use Only)</b>				
Amount Received \$ _____		Receipt # _____		
Payment received in form of :		<b>NOTE: Fees are waived for Victims of Domestic Violence</b>		
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other: _____		Payment Received by: _____		
<b>5 RECORD RELEASE DISPOSITION (Per the California Public Records Act, Government Code 6254 et seq)</b>				
<input type="checkbox"/> <b>RECORD RELEASE APPROVED</b>  <input type="checkbox"/> Enclosed is the record you requested. The record was not edited.  <input type="checkbox"/> Enclosed is the record you requested. The record has been redacted due to: <input type="checkbox"/> Privacy right of the individual(s) named. <input type="checkbox"/> Confidentiality right of individual(s) named. Items Released: _____  <b>RECORDS RELEASED BY:</b> Emp. ID# _____ Initial _____ On: ____/____/____  Released: <input type="checkbox"/> In Person <input type="checkbox"/> By Mail <input type="checkbox"/> By Fax  <input type="checkbox"/> Placed at Pick-Up Window - RP Notified		<input type="checkbox"/> <b>RECORD RELEASE DENIED or PROHIBITED BY LAW</b>  Denied by:   Employee ID# _____ Initial _____ <b>REASON FOR DENIAL:</b>  <input type="checkbox"/> No Record of Report <input type="checkbox"/> Case is Under Active Investigation <input type="checkbox"/> Release Prohibited <input type="checkbox"/> Elder / Dependent Abuse Report <input type="checkbox"/> Suspected / Child Abuse Report <input type="checkbox"/> Juvenile Record <input type="checkbox"/> Arrest Report - Arrestee must obtain through the DA's Office <input type="checkbox"/> Report referred to the DA's Office. Disposition is pending. <input type="checkbox"/> Deferred to other agency or Court  <input type="checkbox"/> Other: _____  <input type="checkbox"/> Refund of \$ _____ will be processed by Town Hall Finance Dept. and mailed separately.		