



1 YOUR CONTACT INFORMATION			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:

2 DESCRIBE RECORD REQUESTED		3 YOUR DECLARATION & VERIFICATION	
CASE NUMBER OR CALL FOR SERVICE NUMBER (IF KNOWN)		PLEASE CHECK ONE:	
DATE OF INCIDENT (OR APPROXIMATE)		<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. <input type="checkbox"/> Record to be sent directly to Law Enforcement Agency <input type="checkbox"/> Other:	
TIME OF INCIDENT	AM PM	<i>I declare under penalty of perjury that I am entitled to this record by reason checked above:</i> Signature: _____ Date: ____ / ____ / ____ 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.	
LOCATION OF INCIDENT (ADDRESS / STREET)			
NAME(S) OF INVOLVED			
RECORD TYPE (Check One) <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			

4 PAYMENT INFORMATION (For Department Use Only)	
Amount Received \$	Receipt #:
Payment received in form of:	NOTE: Fees are waived for Victims of Domestic Violence
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other:	Payment Received by:

5 RECORD RELEASE DISPOSITION (Per the California Public Records Act, Government Code 6254 et seq)	
<input type="checkbox"/> RECORD RELEASE APPROVED <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: _____ RECORDS RELEASED BY: 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"/> RECORD RELEASE DENIED or PROHIBITED BY LAW Denied by: Employee ID# _____ Initial _____ REASON FOR DENIAL: <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.