



REQUEST FOR RELEASE OF INFORMATION

Under Government Code Section 6253(c), upon receiving a request for a copy of a record, this agency has ten (10) days to respond to said request.		
Date of Occurrence	Report Number	Today's Date
Name of Person Involved	Location of Incident	
Name, Address and Telephone # of Requesting Party _____ _____ _____ () <input type="checkbox"/> <i>I want to pick it up, please call</i>		Type of Report <input type="checkbox"/> Crime <input type="checkbox"/> Incident <input type="checkbox"/> Traffic Collision <input type="checkbox"/> Coroner <input type="checkbox"/> Other
Party of Interest (Please check one) <input type="checkbox"/> Person involved (<i>anyone listed in the report</i>) <input type="checkbox"/> Property owner <input type="checkbox"/> Representative of insurance company or adjustor <input type="checkbox"/> Parent/guardian of juvenile party involved <input type="checkbox"/> Authorized representative for _____ (<i>signed authorization required</i>) <input type="checkbox"/> Attorney for _____ (<i>signed authorization required</i>) <input type="checkbox"/> Other party of interest (specify): _____		
Certification I declare under the penalty of perjury that I am the above referenced Party of Interest. Signature _____		
SHERIFF'S OFFICE USE BELOW		
Request complied with? <input type="checkbox"/> Yes <input type="checkbox"/> No, Reason: _____ _____		
Processed by signature _____	Date completed _____	