

Report # \_\_\_\_\_

PSA# \_\_\_\_\_

## REQUEST FOR RELEASE OF INFORMATION

**Name of Applicant:** \_\_\_\_\_ **Agency:** \_\_\_\_\_  
(Please Print)

**Home Address:** \_\_\_\_\_ **Home telephone:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_ **Work/Cell telephone:** \_\_\_\_\_

**REQUESTED INFORMATION:**

**Date/Time of Incident:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Report Type: (Please check one)**

<input type="checkbox"/> Arrest Report	<input type="checkbox"/> Traffic Collision	<input type="checkbox"/> Incident Report/Call for Service
<input type="checkbox"/> Crime Report	<input type="checkbox"/> Special Computer Search	<input type="checkbox"/> Digital Photos
<input type="checkbox"/> Other _____	<input type="checkbox"/> Local Criminal History	<input type="checkbox"/> 911 Audio

**PARTY OF INTEREST: (Please check one)**

<input type="checkbox"/> Victim named in document(s) requested <input type="checkbox"/> Driver, passenger, or pedestrian involved in traffic collision report requested <input type="checkbox"/> Arrestee <input type="checkbox"/> Witness <input type="checkbox"/> Reporting Party <input type="checkbox"/> Insurance company representing subject of record (Claim# _____) <input type="checkbox"/> Parent/guardian of juvenile <input type="checkbox"/> Media	<input type="checkbox"/> Bail Bondsman <input type="checkbox"/> Military Recruiter (signed authorization required) <input type="checkbox"/> Attorney for: _____ (authorization req) <input type="checkbox"/> Law Enforcement Officer conducting criminal investigation – Case No. _____ <input type="checkbox"/> Property Owner <input type="checkbox"/> Authorized individual (signed authorization required) <input type="checkbox"/> Other party of interest: (specify) _____ _____ _____
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*I declare under the penalty of perjury that I am the party of interest identified above.*

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(OFFICE USE ONLY)**

Booking sheet and/or Dispo

Redacted copy released      Prepared By \_\_\_\_\_ # \_\_\_\_\_

Local Criminal History

Denied      Comments or reason for denial: \_\_\_\_\_  
 \_\_\_\_\_

Complete Report released      Released by \_\_\_\_\_ # \_\_\_\_\_

**Fax copy of Request:** (    )       Mail       Will Call

**Date:** \_\_\_\_\_ **Amount:** \$ \_\_\_\_\_