



**POLICE DEPARTMENT  
965 SONOMA AVENUE  
SANTA ROSA, CA 95404  
(707) 543-3600**

## APPLICATION FOR RECORD INFORMATION

Report No.:	
Date of Incident:	Time of Incident:
Location of Incident:	
Report Type: ( ) Accident ( ) Crime ( ) Calls for Service	

Personal Information (please print)

_____		Phone Numbers:
Last Name	First Name	
_____		Daytime: _____
Street Address		
_____		Evening: _____
City	State	Zip Code

**REPORT FEE IS \$2.00 / CALLS FOR SERVICE STATISTICS IS \$10.00  
FEES MUST BE COLLECTED AT TIME OF REQUEST**

Name of Person Involved (Driver, Passenger, Victim, Property Owner, etc.):

Last: \_\_\_\_\_ First: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I declare under the penalty of perjury that I am: ( ) The individual named ( ) The individual's Parent  
( ) The individual's Attorney ( ) An Insurance Agent ( ) Other: \_\_\_\_\_ representing the party of interest in the report requested.

If "Other", please indicate the reason you believe that you are entitled to this information: \_\_\_\_\_

\_\_\_\_\_  
Today's Date Signature of Requesting Party

Reviewed/Accepted by Police Technician: _____ Date: _____
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**NOTE: YOUR REQUEST WILL BE PROCESSED WITHIN TEN (10) BUSINESS DAYS. A COPY OF THE REPORT WILL BE MAILED TO YOU OR YOU WILL BE CONTACTED BY MAIL OR PHONE IF FURTHER INFORMATION IS NEEDED TO PROCESS YOUR REQUEST OR IF YOUR REQUEST IS DENIED (Govt. Code Sec. 6253 (c) ).**

**DO NOT WRITE BELOW THIS LINE**

( ) Approved ( ) Denied By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Reason for Denial: ( ) Report is by another Agency \_\_\_\_\_  
( ) Report is currently under investigation  
( ) Report is excluded from public release  
( ) Insufficient information to locate report