



Cotati Police Department APPLICATION FOR RECORD INFORMATION

****Report fee \$20 (due upon receipt of report). Exact Cash, Check or Credit Card****

CASE OR EVENT # _____

1. RECORD TYPE:

() Accident Report () Crime Report () Call for Service () Other (specify) _____

2. LOCATION OF INCIDENT:

_____ Date _____ Time _____

3. PERSONS INVOLVED: (Driver, Passenger, Victim, Property Owner, Etc.)

Name _____ Date of Birth _____

4. CERTIFICATION: I declare under penalty or perjury that I am:

- The individual named in the report requested (driver, passenger, pedestrian, victim, owner)
- The property owner in the report requested.
- The parent/guardian of juvenile party in the report requested.
- An authorized individual in the report requested (signed authorization is required).
- A representative of insurance company for the insured in the report requested.
- The attorney of the individual named in the report requested.
- Other(specify)

SIGNATURE: _____ DATE: _____

5. APPLICANT INFORMATION

NAME OF REQUESTER _____

MAILING ADDRESS _____ DRIVER'S LICENSE _____

PHONE: _____

AGENCY REPRESENTED (if any) _____

HOW WOULD YOU LIKE TO RECEIVE THE REPORT? In the Mail (if ID Verified) Pick Up

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**~ NOTE: Your request will be processed within ten (10) days. An incomplete request may delay the response time. If it is determined that a report is unavailable for release or if further information is needed to process the request, you will be contacted.(Govt Code Sec. 6253( c ) ).**

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~ FOR OFFICE USE ONLY

DATE/TIME RECEIVED _____ RECEIVED BY _____ PAID? Y N

N/A ADDITIONAL INSTRUCTIONS _____

SUPERVISOR APPROVAL/COMMENTS _____ DATE/TIME

RELEASED _____ RELEASED BY _____ PAID? Y N

N/A

CPD 86-01 (Rev. 2/09)