



# Cotati Police Department

## APPLICATION FOR RECORD INFORMATION

**\*\*Report fee is 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 of 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 REQUESTOR \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ DRIVER'S LICENSE \_\_\_\_\_

AGENCY REPRESENTED (if any) \_\_\_\_\_

HOW WOULD YOU LIKE TO RECEIVE THE REPORT?  By mail (if ID verified)  Pick up when it is ready

**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 ) ).**

FOR OFFICE USE ONLY

DATE/TIME RECEIVED \_\_\_\_\_ RECEIVED BY \_\_\_\_\_ PAID? Y N N/A

ADDITIONAL INSTRUCTIONS \_\_\_\_\_

SUPERVISOR APPROVAL/COMMENTS \_\_\_\_\_

COPIED BY \_\_\_\_\_ ANY INFO REDACTED? \_\_\_\_\_

DATE/TIME RELEASED \_\_\_\_\_ RELEASED BY \_\_\_\_\_ PAID? Y N N/A