

SANTA CRUZ POLICE DEPARTMENT  
REQUEST FORM

In order to expedite your request please complete this form to the best of your knowledge. You will be requested to show a picture ID or proof of representation. NOTE: Per 6253c GC we will respond to your request within 10 days.

**(PLEASE PRINT)**

Date of request: \_\_\_\_\_ Requested by: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_ Telephone #: \_\_\_\_\_

1. **REPORT COPY** [ ]      **PHOTOGRAPHS** [ ]      **CALLS FOR SERVICE** [ ]

Report #: \_\_\_\_\_ Date/Time of Incident: \_\_\_\_\_ Location: \_\_\_\_\_

Type of Report:      Traffic Collision [ ]      Crime Report [ ]      Incident Report [ ]

Please identify yourself by completing one of the following:

a. Person mentioned in report :    Victim [ ]    Suspect [ ]    Driver [ ]    Other [ ] \_\_\_\_\_

b. Insurance representative: \_\_\_\_\_  
(Name of Company)

c. Legal representative for: \_\_\_\_\_

d. Parent or Legal guardian for: \_\_\_\_\_

e. Other party of interest (specify) \_\_\_\_\_

2. **ADDRESS RESEARCH/OTHER INFORMATION** [ ]

Time Period:    From \_\_\_\_\_ To \_\_\_\_\_      Address: \_\_\_\_\_  
(Month/Year)      (Month/Year)

Information requested: \_\_\_\_\_

**CERTIFICATION:** I declare under penalty of perjury that I am:

X \_\_\_\_\_  
(Signature)

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**FOR OFFICE USE ONLY**

AMOUNT PAID: \$ \_\_\_\_\_    [ ] Deposit only    [ ] Full amount    [ ] Check attached    [ ] Cash (validated)    [ ] ID Verified

RECEIVED BY:    Date: \_\_\_\_\_    Employee ID#: \_\_\_\_\_    [ ] Call when ready

COMPLETED BY:    Date: \_\_\_\_\_    Employee ID#: \_\_\_\_\_    Balance due: \$ \_\_\_\_\_    [ ] Mailed

NOTIFIED BY:    Date: \_\_\_\_\_    Employee ID#: \_\_\_\_\_    [ ] Notified to pick up

BALANCE PAID:    Date: \_\_\_\_\_    Employee ID#: \_\_\_\_\_    Amount: \_\_\_\_\_    [ ] Denied

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_