



Application for Record Information

Report # _____
Date of Incident: _____ Time: _____
Location of Incident: _____
Report Type: () Accident () Crime () Call for service

300 Seminary Avenue
Ukiah, CA 95482
(707)463-6241

Personal Information (please print)

Phone Numbers:

Last Name First Name

Daytime: _____

Street Address

Evening: _____

City State Zip Code

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 part 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 Records Clerk

Date: _____

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 not from this Agency Identification # _____
() Report is currently under investigation
() Report is excluded from public release
() Insufficient information to locate report