

SOUTH PASADENA POLICE DEPARTMENT

Report / Incident Number

APPLICATION FOR RELEASE OF INFORMATION

Name of Requestor: _____ Agency: _____
PLEASE PRINT

Home Address: _____ Home Telephone: _____

Work Address: _____ Work Telephone: _____

REQUESTED INFORMATION:

Name of Victim/Driver/Arrestee: _____
PLEASE PRINT

Date / Time of Incident: _____ Location: _____

TYPE OF REPORT: (Please check ONE)

- | | | |
|--|--|--|
| <input type="checkbox"/> Arrest Report | <input type="checkbox"/> Traffic Collision | <input type="checkbox"/> *Current Arrest Info./Booking Sheet |
| <input type="checkbox"/> Crime Report | <input type="checkbox"/> Special Computer Search | <input type="checkbox"/> CAD Incident Report |
| <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> Photos |

PARTY OF INTEREST: (Please check ONE)

- | | |
|--|--|
| <input type="checkbox"/> Victim named in document(s) requested | <input type="checkbox"/> Attorney for: _____ (authorization required) |
| <input type="checkbox"/> Driver, passenger, or pedestrian involved in traffic collision report requested | <input type="checkbox"/> Law Enforcement Officer conducting criminal investigation
DR # _____ |
| <input type="checkbox"/> Arrestee | <input type="checkbox"/> Property Owner |
| <input type="checkbox"/> Witness | <input type="checkbox"/> Authorized individual (signed authorization required) |
| <input type="checkbox"/> Reporting Party | <input type="checkbox"/> Other Party of interest. (specify) _____ |
| <input type="checkbox"/> Insurance company requesting subject of record
(claim # _____) | _____ |
| <input type="checkbox"/> Parent/guardian of juvenile | _____ |

I declare under the penalty of perjury that I am the party of interest identified above. I am NOT a suspect in this case.
* If I am seeking current arrest information, I declare that I am a licensed private investigator or will use the information for scholarly, journalistic, political or governmental purposes **ONLY**, per Government Code Section 6254(f)(3). The information **SHALL NOT** be used directly or indirectly to sell a product or service to anyone.

Signature: _____ Date: _____

(OFFICE USE ONLY) Application accepted by: _____
Name and PSN

- Booking sheet and/or Disposition Complete report released Redacted copy released

What was redacted (be specific): _____

Denied Reason for Denial: _____

ID Type: _____ ID Number: _____ Need to Know/Right to Know (arrests)

Released by: _____ PSN: _____ Date: _____ Amount: \$ _____

ADMINISTRATIVE DIVISION REVIEW: REQUEST HAS BEEN: APPROVED DENIED

RECORDS SUPERVISOR: _____ DATE: _____

REQUESTOR NOTIFIED BY: _____ DATE: _____

DATE REQUEST PICKED UP/MAILED: _____ RELEASED BY: _____

IMPORTANT: *Report Release - File this form with DR