

Chico Police Department Request for Information or Records

Date of Request _____

CASE REPORT# _____

CAD/LOG NUMBER _____

Name of Person on Report _____

DOB _____ CDL _____

Location of Incident _____

Date/Time _____

TYPE OF INFORMATION REQUESTED: (Check One)

- Theft /Burglary/Robbery
- Assault
- Other Specify _____
- Traffic Accident
- Vandalism

PARTY REQUESTING REPORT/INFORMATION: (Check One)

- Victim/Driver/Passenger/Pedestrian
- Property Owner/Vehicle Owner
- Parent or Guardian
- Attorney for _____
- Other Party of Interest (Specify) _____
- Insurance Company: _____
Claim# _____
- Representative of Law Enforcement or Criminal Justice
Agency _____

REASON FOR REQUESTING REPORT/INFORMATION: (Check One)

- Insurance Claim
- Criminal Investigation
- Personal Records
- Other (Explain) _____
- Civil Action
- Parole/Probation Investigation

I certify the above information requested is necessary in the due administration of the laws and not for the purpose of assisting a private citizen in carrying on his personal interest or maliciously or uselessly harassing, degrading or humiliating any person. (11105 PC).

Requested By: _____
(Signature)

Drivers Lic# _____

Print Name: _____

Phone# _____ Fax# _____

ADDRESS _____ City _____ State _____ Zip _____

To Be Completed by Records Personnel

Note: Chico Police Department's Records Personnel have the right to refuse access to Records (pursuant to 6254(f) GCS) if the requestor does not satisfactorily establish his/her identity and the right to access such records. Further, 6256 GCS allows our agency 10 days to respond from the date of request; however, our policy is to strive to provide the information in a timely manner. Most records are subject to a fee as established by the City of Chico Fee Schedule.

- Copy Given/Pgs _____
- Personal Information Redacted
- Juvenile Information Redacted
- Other Information Redacted _____
- Reason Denied _____

YOU MAY EXPEDITE YOUR REQUEST BY FAXING IT TO:

(530) 895-4994 Attn: Records

If a fee is due, it must be paid before the information is released. We do not fax information to you without payment of fees.

Issuing Employee's
Id# _____ Date of Request: _____
Id# _____ Date Completed: _____
Id# _____ Date Released: _____
Receipt#: _____ Fee Due \$ _____
Comments: _____

Records Hours are Monday-Friday 8:00 a.m. to 4:00 p.m. (530)897-4910