

CHICO POLICE DEPARTMENT



REQUEST FOR RECORDS

REQUESTOR'S CONTACT INFORMATION: TYPE OF RECORD (CHECK ONE):				
		BIRTH	REPORT - \$6.00	
		- 710	☐ INCIDENT LOG - \$6.00	
ADDRESS CITY/STAT			OTHER (DESCRIBE IN DETAIL):	
PHONE NUMBER				
EMAIL				
DESCRIBE RECORD REQUESTED:		ADDITIONAL	INFORMATION:	
CASE NUMBER OR INCIDENT NUMBER (IF KNOWN)				
DATE OF INCIDENT	TIME OF INCIDENT			
LOCATION OF INCIDENT (ADDRESS/STREET AND CITY)		REQUESTING	G PERSON'S INVOLVEMENT:	
		 Victim in case Parent or Guardian of Involved Juvenile 		
NAME(S) OF INVOLVED IN THE INCIDENT				
DEPARTMENT USE ONLY				
PAYMENT INFORMATION:		OFFICE USE:		
AMOUNT RECEIVED \$ RECEIPT #		CPD NR NUMBER:		
CHECK CASH CREDIT / DEBIT CARD				
		Emp Initials	Date Received:	
NOTE: Fees are waived for victims of domestic violence				
RECORD RELEASE DISPOSITION (Per the California Public Records Act Government Code 7923.600 et seq.)				
RECORD RELEASE APPROVED		RECORD RELEASE DENIED OR PROHIBITED BY LAW		
Enclosed is the record you requested. The record was not redacted.			DENIAL	
The record has been redacted due to:			REASON FOR DENIAL No Record of Report	
Privacy right of the individual(s) named.			Criminal Investigation – 7923.600-625 Government Code	
Confidentiality right of individual(s) named. To protect integrity of the case.		Other:	Other:	
Case/Incident #(s) Released:				
Released 🔄 In Person 🗌 By Mail		Emp ID#:	Initial: Date:	
Placed at pick-up window – RP notified.				
Emp #: Initial: Date Ready:				
· · · · · · · · · · · · · ·	·	1		