



# CHICO POLICE DEPARTMENT



## REQUEST FOR RECORDS

REQUESTOR'S CONTACT INFORMATION:		TYPE OF RECORD (CHECK ONE):
NAME	DATE OF BIRTH	<input type="checkbox"/> <b>REPORT - \$5</b> <input type="checkbox"/> <b>INCIDENT LOG - \$5</b> <input type="checkbox"/> <b>OTHER (DESCRIBE IN DETAIL):</b> _____ _____ _____
ADDRESS	CITY/STATE/ZIP	
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)		
NAME(S) OF INVOLVED IN THE INCIDENT		<b>REQUESTING PERSON'S INVOLVEMENT:</b> <input type="checkbox"/> Victim in case <input type="checkbox"/> Parent or Guardian of Involved Juvenile <input type="checkbox"/> Insurance Company Representative
DEPARTMENT USE ONLY		
PAYMENT INFORMATION:	OFFICE USE:	
AMOUNT RECEIVED \$ _____ RECEIPT # _____  <input type="checkbox"/> CHECK <input type="checkbox"/> CASH <input type="checkbox"/> CREDIT / DEBIT CARD  NOTE: Fees are waived for victims of domestic violence	CPD NR NUMBER: _____  Emp Initials _____ Date Received: _____	
RECORD RELEASE DISPOSITION (Per the California Public Records Act Government Code 7923.600 et seq.)		
<b><u>RECORD RELEASE APPROVED</u></b> <input type="checkbox"/> Enclosed is the record you requested. <input type="checkbox"/> The record was not redacted. <input type="checkbox"/> The record has been redacted due to: <input type="checkbox"/> Privacy right of the individual(s) named. <input type="checkbox"/> Confidentiality right of individual(s) named. <input type="checkbox"/> To protect integrity of the case.  Case/Incident #(s) Released:  Released <input type="checkbox"/> In Person <input type="checkbox"/> By Mail <input type="checkbox"/> Placed at pick-up window – RP notified.  Emp #: _____ Initial: _____ Date Ready: _____	<b><u>RECORD RELEASE DENIED OR PROHIBITED BY LAW</u></b>  <b>REASON FOR DENIAL</b> <input type="checkbox"/> No Record of Report <input type="checkbox"/> Criminal Investigation – 7923.600-625 Government Code <input type="checkbox"/> Other: _____  Emp ID#: _____ Initial: _____ Date: _____	