



CHICO POLICE DEPARTMENT



REQUEST FOR RECORDS

REQUESTOR'S CONTACT INFORMATION:**TYPE OF RECORD (CHECK ONE):**

NAME	DATE OF BIRTH
ADDRESS	CITY/STATE/ZIP
PHONE NUMBER	
EMAIL	

REPORT - \$5.50

INCIDENT LOG - \$5.50

OTHER (DESCRIBE IN DETAIL):

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 PERSON'S INVOLVEMENT:

NAME(S) OF INVOLVED IN THE INCIDENT

Victim in case

Parent or Guardian of Involved Juvenile

Insurance Company Representative

DEPARTMENT USE ONLY**PAYMENT INFORMATION:****OFFICE USE:**

AMOUNT RECEIVED \$ _____ RECEIPT # _____

CHECK CASH 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.)**RECORD RELEASE APPROVED**

Enclosed is the record you requested.

The record was not redacted.

The record has been redacted due to:

- Privacy right of the individual(s) named.
- Confidentiality right of individual(s) named.
- To protect integrity of the case.

RECORD RELEASE DENIED OR PROHIBITED BY LAW**REASON FOR DENIAL**

No Record of Report

Criminal Investigation – 7923.600-625 Government Code

Other: _____

Case/Incident #(s) Released:

Released In Person By Mail

Placed at pick-up window – RP notified.

Emp ID#: _____ Initial: _____ Date: _____

Emp #: _____ Initial: _____ Date Ready: _____