



WEED POLICE DEPARTMENT
PUBLIC RECORDS REQUEST FORM

This form is to be used to request public records that is in legal custody or control of the Weed Police Department. The Weed Police Department is committed to providing public access to records in a manner that is consistent with the California Public Records Act (Government Code § 6250 et seq.).

INSTRUCTIONS:

REQUESTS CAN BE MADE IN WRITING, IN PERSON, VIA EMAIL, OR TELEPHONICALLY. ALL INFORMATION REQUESTED ON THIS FORM MUST BE PROVIDED REGARDLESS OF THE METHOD OF REQUEST. INCOMPLETE REQUEST WILL NOT BE HONORED. ALL FORMS MUST BE SIGNED BEFORE THE REQUEST WILL BE PROCESSED. YOU WILL BE CONTACTED IN WRITING IF THE REQUESTED RECORD CANNOT BE LOCATED, NO LONGER EXISTS, OR IS NOT A PUBLIC RECORD. **THERE IS A \$10.00 FEE FOR REPORTS AND INCIDENTS. IF THE REQUEST EXCEEDS 10 PAGES IT WILL BE AN ADDITIONAL \$1.00 PER PAGE.**

In Writing: Type or use black ink only and please print clearly. You may:

1. Fax to (530)938-5005 or
2. Mail to:
Weed Police Department
Attention: Records
P.O. Box 470
Weed, CA. 96094

Via Email: After completing the interactive form on your computer, save it for your records and address an email to anzor@ci.weed.ca.us with your completed form as an attachment.

In Person: Bring the completed Form to the Weed Police Department
550 Main Street.
Weed, CA. 96094

By Phone: (530)938-5000 - Note: Telephonic requests must be followed by verification of submitted information and a signature, in person, at the address shown above before processing.

Name of Requestor/Firm/Company:		Telephone Number:	
Mailing Address:		Contact Person:	
City:		State:	Zip:
Contact Person e-mail address (optional):			
Reason for Request (required):		Date Needed By:	

Incident Information (provide as complete and accurate information as known)			
Date of Incident:	Time	AM PM	Case#, Incident# or Citation#: (if known)
Officer: (if known)			
Location of Incident/Street Address:			
Type of Incident/Crime/Description of event:			
Persons Involved (full & complete name known if known) – list additional known persons in comments section			
DOB _____			
DOB _____			
Vehicle Information (if appropriate, if known)	Make/Model/Year/Color/Style/Etc.:		License#: _____
State: _____			

Additional Comments (use back of form if necessary):			
I declare under penalty of perjury that I am I Represent I am an Attorney Representing the party of interest identified in the report recorded heron. I also understand that per California Government Code Section 6253(c) the Weed Police Department has ten (10) days to review the request and respond either verbally or in writing to the party of interest listed above whether or not the requested information can be released. I also understand that per California Government Code Section 6254(f) suspected individuals named in the report being requested are not eligible to receive a copy of the report, or any related documents therein, until the case has been adjudicated. By signing below, I certify the information above is true and correct to the best of my knowledge.			
Signature: _____		Date: _____	

W.P.D Use Only			
Request Received By: _____		Date of Received: _____	
Request Received Via: Drop-off Mail Other _____			
Request Completed By: _____		Date: _____	
Requestor Notified By: _____		Requestor Notified (Date/Time): _____	