



COLMA POLICE DEPARTMENT
1199 EL CAMINO REAL
COLMA, CA 94014
BUSINESS (650) 997-8321 / FAX (650) 997-8330

APPLICATION FOR POLICE REPORT

PLEASE FILL OUT PARTS I & II ONLY

PART I: REQUESTOR'S INFORMATION

NAME or COMPANY: PHONE#: ()

MAILING ADDRESS:

PARTY OF INTEREST (Please check one)

- PERSON INVOLVED (DRIVER, PASSENGER, PEDESTRIAN OR VICTIM)
PROPERTY OWNER
AUTHORIZED INDIVIDUAL (SIGNED AUTHORIZATION IS REQUIRED)
PARENT / GUARDIAN OF JUVENILE PARTY (COURT APPROVED RELEASE IS REQUIRED)
REPRESENTATIVE OF INSURANCE COMPANY OR ADJUSTING AGENCY
ATTORNEY
OTHER PARTY OF INTEREST (SPECIFY)

CERTIFICATION - I DECLARE UNDER PENALTY OF PERJURY THAT:

- I am
I represent
I am attorney representing
THE PARTY OF INTEREST IN THE REPORT RECORDED HEREON.

SIGNATURE:

PART II: REPORT INFORMATION

NAMES OF PARTIES INVOLVED:

DATE OF INCIDENT: REPORT #:

LOCATION OF INCIDENT:

TYPE OF REPORT: CRIMINAL TRAFFIC PHOTOS OTHER

NOTICE: Theft of OR alteration of an official document is a FELONY punishable under 6201 of the Calif. Government Code

DO NOT MAKE ANY MARKS BELOW THIS LINE

FOR OFFICIAL USE ONLY

FEE PAID BY: CASH CHECK# NONE (RESIDENT, LOCAL BUSINESS, OTHER)

NAME: CDL#:

DISPO: REVIEW ONLY INFO BLOCKED COPY RELEASED MAILED
RECEIPT # DENIED (reason for denial)

Your request will be reviewed and information released pursuant to Government Code 6254(f), 6254(f)(1) and 6254(f)(2); Vehicle Code section 20012 and Penal Code sections 841.5 and 293. Request will be responded to within 10 working days pursuant to Government Code 6256.

COMPLETED BY: DATE: