



*City of Corning*  
**POLICE DEPARTMENT**

*774 Third Street  
 Corning, California 96021*

*Jeremiah Fears  
 Chief of Police*

[www.corningpd.org](http://www.corningpd.org)

(530) 824-7000

Fax (530) 824-7010

## REQUEST FOR COPY OF POLICE REPORT

PER GOVERNMENT CODE SECTION 6253, YOUR REQUEST MAY TAKE **10** DAYS

<b>Requestor's Info</b>	Requestor's Full Name:		Date of Request:		
	Requestor's Address:		Telephone:	Fax:	
			Email Address (Optional):		
	I would like my report sent to me by way of: <input type="checkbox"/> Pick-up <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email		Special Instructions:		
<b>Case Info</b>	Case Number:		Type of Incident:		
	Date and Time of Incident:		Location of Incident:		
<b>Case Association</b>	I am the: (check all that apply)				
	<input type="checkbox"/> Victim	<input type="checkbox"/> Parent/Guardian of: _____			
	<input type="checkbox"/> Suspect/Arrested Person	<input type="checkbox"/> Attorney Representing: _____			
	<input type="checkbox"/> Witness	<input type="checkbox"/> Insurance Representative for: _____			
	<input type="checkbox"/> Driver	<input type="checkbox"/> Owner of Vehicle/Property: _____			
	<input type="checkbox"/> Passenger	<input type="checkbox"/> Other: _____			
<b>Release Disposition</b>	<input type="checkbox"/> Record Release Approved		<input type="checkbox"/> Record Release Denied or Prohibited		
	<input type="checkbox"/> Enclosed is a complete copy of the record you requested		Denied by: Dispatcher _____ Date _____		
	<input type="checkbox"/> Enclosed is the record you requested. The record has been redacted due to privacy/confidentiality rights of the individual(s) involved.		<input type="checkbox"/> No Record of Report		
	<input type="checkbox"/> Face sheet/Property list only		<input type="checkbox"/> Case is under active investigation		
<input type="checkbox"/> Incident report/Log Entry only		<input type="checkbox"/> Release prohibited by law			
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Child/Elder Abuse Report			
<input type="checkbox"/> Record Released by: Dispatcher _____ Date _____		<input type="checkbox"/> Juvenile Record			
<input type="checkbox"/> Identification Verified by: Dispatcher _____ Date _____		<input type="checkbox"/> Arrest Report - arrestee must obtain from DA			
<input type="checkbox"/> Requester Notified by: Dispatcher _____ Date _____		<input type="checkbox"/> Report referred to DA. Disposition Pending			
		<input type="checkbox"/> Other: _____			

*"Committed to Superior Service"*