



# PETALUMA POLICE DEPARTMENT APPLICATION FOR RELEASE OF INFORMATION

A response to your request will be sent within ten (10) days of the date the request was received by the Records Unit. Incomplete requests will increase the response time. **A fee applies to all requests.**

APPLICANT INFORMATION	
Name _____	Date of Birth _____
Address _____	Phone Number _____
City, State Zip _____	Preferred Notification Method: <input type="checkbox"/> Phone <input type="checkbox"/> Email
Email Address _____	
INCIDENT INFORMATION	
Type of report <input type="checkbox"/> Traffic collision <input type="checkbox"/> Crime <input type="checkbox"/> Calls for service	
Case number _____	Date/Time of Incident _____
Location of incident _____	
Additional Information _____	
_____	
CERTIFICATION	
I declare under penalty of perjury that I am:	
<input type="checkbox"/> The individual named in the report requested (driver, passenger, pedestrian, victim).	
<input type="checkbox"/> The property owner in the report requested.	
<input type="checkbox"/> The parent/guardian of juvenile party in the report requested.	
<input type="checkbox"/> An authorized individual in the report requested (signed authorization is required).	
<input type="checkbox"/> Other (specify) _____	
Signature: _____ Date: _____	

Official Use Only	
<input type="checkbox"/> Released   By _____   Date _____ <input type="checkbox"/> Cash <input type="checkbox"/> Picked up <input type="checkbox"/> Check <input type="checkbox"/> Mailed <input type="checkbox"/> Credit	<input type="checkbox"/> Denied   By _____   Date _____ <input type="checkbox"/> Report is by another agency <input type="checkbox"/> Report is currently under investigation <input type="checkbox"/> Report is excluded from public release <input type="checkbox"/> Insufficient information to locate report
Comments _____	