

PETALUMA POLICE DEPARTMENT APPLICATION FOR RELEASE OF INFORMATION

Requests will be processed within ten (10) business days. Incomplete requests will increase the response time. If we determine the report is unavailable for release, you will be notified. **An \$11 fee applies to all requests.**

APPLICANT INFORMATION	
Name	Date of Birth
Agency	Phone Number
Address	When the report is ready (check one) I will pick up it up at PPD
City, State Zip	Diagon mail it to this address
INCIDENT INFORMATION	
Report number (if known) Date of r	eport Time of report
Location of incident	
	borhood report
Name of person involved (if different from above)	Date of Birth
CERTIFICATION	
I declare under penalty of perjury that I am: ☐ The individual named in the report requested (driver, passenger, pedestrian, victim). ☐ The property owner in the report requested. ☐ The parent/guardian of juvenile party in the report requested. ☐ An authorized individual in the report requested (signed authorization is required). ☐ A representative of insurance company or insurance adjusting agency in the report requested. ☐ The attorney of the individual named in the report requested. ☐ Other (specify)	
Signature:	Date:
Official Use Only	
☐ Released By Date	Denied By Date
☐ Cash ☐ Picked up ☐ Check ☐ Mailed ☐ Credit	☐ Report is by another agency ☐ Report is currently under investigation ☐ Report is excluded from public release ☐ Insufficient information to locate report
Comments	