



Sand City Police Department Request For Police Records/Reports

Submit to:
1 Pendergrass Way, Sand City CA 93955, or
sandcityrecords@sandcitypd.org

Application For Release Of Information		
Date/Time of Occurrence _____	Type of Report <input type="radio"/> Traffic Collision (\$10.00) <input type="radio"/> Crime (\$10.00) <input type="radio"/> Other _____ <small>*payable to City of Sand City</small>	Report Number (if known) S _____
Location Of Incident _____ _____		Name of Driver/Property Owner _____ _____
Name and Address of Applicant/Agency _____ _____ _____		Date of Application _____

Party Of Interest (check one – photo ID is required)
<input type="radio"/> Person involved: Driver, Passenger, Pedestrian, or Victim <input type="radio"/> Property Owner <input type="radio"/> Authorized Individual (notarized authorization required) <input type="radio"/> Parent/Guardian of Juvenile Party <input type="radio"/> Representative of Insurance Company or Insurance Adjustor <input type="radio"/> Attorney <input type="radio"/> Other: _____

Certification
I declare, under penalty of perjury, that: <input type="radio"/> I am <input type="radio"/> I represent <input type="radio"/> I am an attorney representing the party of interest identified in the report recorded hereon. Date: _____ Signature: _____ Print name: _____