



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 _____ | 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: _____ |