MONTEREY COUNTY, CALIFO SHERIFF'S OF Proudly protecting the community since 1850.	FIC		ASE OF INFO	
1414 Natividad Road, Salinas CA 93906 Tel (831) 755-3700 Fax (831) 759-7222 www.montereysheriff.org				
TYPE OF DOCUMENT REQUESTED: Arrest Record Crime/Incident Report Other, explain:				
Name of person (Suspect/Victim/Other)	Date of	birth	Report No./Booking	No. (if known)
Date and time of occurrence	Address or location of incident			
Name of requestor and/or agency	Phone N	umber	Fax Number]
MAILING ADDRESS where information may be mailed				
Street Address	City		State	Zip Code
PARTY OF INTEREST (Please check one)				
 Person involved – victim, reporting party, suspect Representative of insurance company or insurance adjusting agency 				
Property owner		□ Attorney		
\Box Authorized individual (written authorization is re	Other party of interest (specify)			
Parent / Guardian of juvenile				
	CEDTIE			
CERTIFICATION I declare under the penalty of perjury that I am I represent I am an attorney representing the party of interest identified in the record of requested hereon.				
Signature			Date of Request	
			Date Received	