

REQUEST FOR RELEASE OF INFORMATION

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TYPE OF DOCUMENT REQUESTED: □ Arrest Record □ Crime/Incident Re	port	□ Other, e	explain:	
Name of person (Suspect/Victim/Other)	Date of birth		Report No./Booking No.(if known)	
Date and time of occurrence Add		dress or location of incident]
Name of requestor and/or agency	Phone Nu	mber	Fax Number]
MAILING ADDRESS where information may be maile	ed]	
Street Address	City		State	Zip Code
PARTY OF INTEREST (Please check one) ☐ Person involved – victim, reporting party, suspect	ī	☐ Represer	ntative of insurance company g agency	or insurance
☐ Property owner		☐ Attorney		
$\hfill\square$ Authorized individual (written authorization is red	quired)	☐ Other party of interest (specify)		
☐ Parent / Guardian of juvenile				
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	