



REQUEST FOR RECORD INFORMATION

1. **Today's Date:** _____

The following information is solicited in order to assist in locating the documents that are specific to your request.

2. **Record Type:** Traffic Collision Report Crime Report Other

3. **Record Identification:** Report/Case Number (if known): _____

Location of Incident	Date	Time
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4. **Persons Involved:** (Driver, Passenger, Victim, Property Owner, etc.)

Last Name	First Name	Initial	Date of Birth
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5. **How may we contact you?**

Please provide as much of the following information as possible so that we may notify you of the availability of your request.

Name: _____ Address: _____

Bus. Phone: _____ Home Phone: _____

Cell Phone: _____ Email address: _____

I declare under penalty of perjury that: I am I represent I am an attorney representing
Other (please specify) _____, the party of interest
identified in the report recorded hereon.

Signature

Records Section Use Only Released by: _____ Date: _____