



CORONADO POLICE DEPARTMENT RECORDS REQUEST

Case#: _____

Date Report Requested: _____

Incident Date: _____

Type of Report Requested: Arrest Crime Collision CAD Sheet Other

Party Requesting Report:

The information below is not mandatory. It is only needed for mailing purposes, or re-contacting if the record cannot be immediately produced. Otherwise, the information will be mailed within 10 days of this request. The fee for a copy of a record is \$8. There is no fee for involved parties.

Name _____

Agency Name (if applicable) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Driver's License# _____

Alt. Phone _____ Email _____

Please list the reason(s) for your request and any involvement you may have in the incident. This information is requested to comply with Gov. Code 6254-6255 and Vehicle Code 20012.

I understand that unauthorized access or use of reports is a criminal offense per California Penal Code Section 11143 and that any reports provided are not for third party release. I declare under penalty of perjury that the above listed reason for this report request and my involvement with the incident is true and accurate. I further understand that only the report, or parts of the report that I qualify for under the provisions of the Public Records Act GCS 6254-6255 or the California Vehicle Code section 20012 will be provided to me. This information will be mailed to the above address within 10 business days of this request.

Internal use only:	Received by _____	Fee collected _____
Approved _____	Denied _____	Date _____
Notes _____		

Mailed by _____	Date _____	