



CITY OF ROHNERT PARK DEPARTMENT OF PUBLIC SAFETY

POLICE AND FIRE SERVICES

Tim Mattos, Director

APPLICATION FOR RECORD INFORMATION

REPORT FEE \$10.00 *** EXACT CASH OR CHECK ONLY***

CASE#: _____ Is this a Domestic Violence or Identity Theft report? Yes No (please circle)

1. REPORT TYPE: () Accident () Arrest () Crime () Fire (\$10.00 for each report)
() Calls for Service () Location History (\$5.00 for each printout)

2. LOCATION OF INCIDENT: _____
DATE _____ TIME _____

3. PERSONS INVOLVED: (Driver, Passenger, Victim, Property Owner, Etc.)

LAST NAME	FIRST NAME	INITIAL	DATE OF BIRTH

4. REASON FOR REQUEST: (Complete A or B below, sign and date)

A. I represent the individual on line 3 with his/her consent and I AM:
() The Individual Named () The Individual's Parent () The Individual's Attorney
() The Individual's Spouse () Insurance Agent () Other: _____

B. () I do not represent the individual on line 3. My request for information is based upon my belief that I am entitled to such information due to: _____

NAME (please print): _____

MAILING ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE _____

DRIVER'S LICENSE NUMBER: _____

SIGNATURE: _____ DATE: _____

AGENCY REPRESENTED (if any): _____

NOTE: Reports are processed within 10 working days. An incomplete request may delay our response. If we determine that the report is unavailable for release, we will notify you in writing or by phone (GOVT. CODE SEC. 6253).

DO NOT WRITE BELOW THIS LINE

Paid Amount Paid: _____ Receipt #: _____ by: _____

Disposition: _____ Date: _____ By: _____

Notes/Comments on redaction: _____

500 CITY CENTER DRIVE ~ ROHNERT PARK, CALIFORNIA ~ 94928-2118

Phone: (707) 584-2600 fax: (707) 584-2683