Del Rey Oaks Police Department

Request Form

In order to expedite your request please complete this form to the best of your knowledge. You will be required to show a picture ID or proof of representation.
****NOTE: Per 6256 GC we will respond to your request within 10 days****
Report copies will be mailed. Photographs/Research/Background checks – Requester will be notified by telephone when they are available for pick-up.

★★★★

Request By: _____ Date: _____
Agency Represented/Company Name: _____
Mailing Address: _____Telephone #: _____
_____ _____

1. ☐ Report ☐ Photographs ☐ Tape Duplications ☐ View Report

(Note: Requests for Arrest Reports must be made through the District Attorney's Office)

Report #: _____ Date of Incident: _____Location: _____
Type of Report: ☐ Traffic Collision ☐ Crime Report ☐ Incident Report
Please identify yourself by completing one of the following:

a. Person mentioned in report: ☐ Driver ☐ Suspect ☐ Victim ☐ Other _____
b. Insurance representative: _____
c. Legal representative for: _____
d. Parent or Legal guardian for: _____
e. Other party of interest (specify): _____

2. Address Research / Other Information

Time Period: From_____ to _____ Address: _____
Information requested: _____

3. Background Check / Clearance Letter

Name: _____ Date of Birth: _____
Drivers License #:_____ Purpose of Request: _____
Position Held / Applying For: ☐ **Peace Officer / Criminal Investigator** ☐ **Other**

CERTIFICATION: I declare under penalty of perjury that I am:

_____ _____
Print name **Signature**

FOR OFFICE USE ONLY

Amount Paid: $_____ Form of Payment: Credit Card Cash Check
Received/Completed By: _____ Mailed on: _____